

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838470

1. Entity Name

WATERSIDE CORPORATION

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90099 001 ***600.00

Principal Place of Business

Mailing Address

524 FRONT STREET
P O BOX 1079
KEY WEST FL 33041-1079
US

524 FRONT STREET
P O BOX 1079
KEY WEST FL 33041-1079
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2806842

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROMANO, FRANK N
524 FRONT ST
KEY WEST FL 33040

Name
HELEN M. CATES

Street Address (P.O. Box Number is Not Acceptable)
1120 JOHNSON ST.

City
KEY WEST,

FL

Zip Code
33040

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Helen M. Cates

HELEN M. CATES, PRESIDENT

04-19-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
ROMANO, FRANK N
524 FRONT STREET
KEY WEST FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
CATES, HELEN M.
1120 JOHNSON ST.
KEY WEST FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LISZKA, JOSEPH R
56 KEY HAVEN RD
KEY WEST FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAIRMAN
RICHARD M. OSBORNE
8500 STATION ST., SUITE 113
MENTOR, OH 44060 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDA
SUCHOMEL JR, FRANK A
WATERSIDE
ADAMANT VT ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY/TREASURER
THOMAS J. SMITH
8500 STATION ST., SUITE 100
MENTOR, OH 44060 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helen M. Cates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

(305) 294-5592

Daytime Phone #

CR2E034 (9/99)