

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838470

1. Entity Name
WATERSIDE CORPORATION

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90080 034 ***150.00

Principal Place of Business

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

Mailing Address

**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 **Cates, Helen M.**

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

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*

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, 2001 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 **CD** ☒ Delete
NAME **ROMANO, FRANK N**
STREET ADDRESS **524 FRONT STREET**
CITY-ST-ZIP **KEY WEST FL**

TITLE **P** ☒ Change ☐ Addition
NAME **Cates, Helen M.**
STREET ADDRESS **1120 Johnson Street**
CITY-ST-ZIP **Key West, FL 33040**

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

TITLE **C** ☐ Change ☒ Addition
NAME **Osborne, Richard M**
STREET ADDRESS **8500 Station St., Suite 113**
CITY-ST-ZIP **Mentor, OH 44060**

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

TITLE **ST** ☐ Change ☒ Addition
NAME **Smith, Thomas J.**
STREET ADDRESS **8500 Station St., Suite 100**
CITY-ST-ZIP **Mentor, OH 44060**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)