

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90173 038 \*\*\*\*61.25

**DOCUMENT # N00000005357**

1. Entity Name

**WESTMINSTER HEIGHTS NEIGHBORHOOD ASSOCIATION, IN**

Principal Place of Business

**5354 THIRD AVENUE SOUTH  
 ST. PETERSBURG FL 33707**

Mailing Address

**5354 THIRD AVENUE SOUTH  
 ST. PETERSBURG FL 33707**

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

**59-3715757**

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

**GALLOWAY, FRANKLIN R  
 5354 THIRD AVENUE SOUTH  
 ST. PETERSBURG FL 33707**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **HART, GARRY**  
 STREET ADDRESS **5430 THIRD AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

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

TITLE **VD** ☒ Delete  
 NAME **MORRIS, CAROL**  
 STREET ADDRESS **5147 SECOND AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **Morris Greg**  
 STREET ADDRESS **5147 Second Avenue South**  
 CITY-ST-ZIP **ST. Petersburg Fla 33707**

TITLE **STD** ☐ Delete  
 NAME **GALLOWAY, FRANKLIN R**  
 STREET ADDRESS **5354 THIRD AVENUE SOUTH**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

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

TITLE **TD** ☐ Delete  
 NAME **GALLOWAY, FRANKLIN R**  
 STREET ADDRESS **5354 THIRD AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**1-25-02 721-3212285**

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

87531

H N00000005357



COLONIAL BANK

BAJ 3105 ST PETERSBURG

OFFICIAL CHECK

23-97  
1020

284289515

\*\*\*JANUARY 22, 2002\*\*\*

PAY TO  
THE ORDER OF \*\*\*DEPARTMENT OF STATE\*\*\*

\$ \*\*\*61.25\*\*\*

NAME OF REMITTER

WESTMINSTER HOMEOWNERS ASSOCIATION  
ADDRESS

DOLLARS

DRAWER: COLONIAL BANK

**NON NEGOTIABLE**  
**PURCHASER'S COPY**

AUTHORIZED SIGNATURE

Issued By Integrated Payment Systems Inc., Englewood, Colorado  
Bank One Colorado N.A., Denver, Colorado