

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02729

1. Entity Name

TROPICAL SHORES NEIGHBORHOOD ASSOCIATION, INCORP

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90288 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2343 WEST BAY ISLE DRIVE S.E.  
ST. PETERSBURG FL 33705  
US

2343 WEST BAY ISLE DRIVE S.E.  
ST. PETERSBURG FL 33705-3352  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2396031

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLFE, LESTER L  
414 22ND AVENUE S.E.  
ST. PETERSBURG FL 33705

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 ☐ Delete  
NAME P  
STREET ADDRESS AGEE, WAYNE  
CITY-ST-ZIP 2343 WEST BAY ISLE DRIVE S.E.  
ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS FIELDING, RENEE  
CITY-ST-ZIP 2440 EAST BAY ISLE DRIVE S.E.  
ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS WOLFF, LESTER  
CITY-ST-ZIP 414 22ND AVE SE  
ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TRIPLETT, DIRSTEN  
CITY-ST-ZIP 2560 SOUTH SHORE DRIVE  
ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CLARK, JIM  
CITY-ST-ZIP 2240 E BAY IGLE DR  
ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME S  
STREET ADDRESS LOGAN, KRIS  
CITY-ST-ZIP 2530 TROPICAL SHORES DRIVE S.E.  
ST. PETERSBURG FL

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)(l), 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

11 JAN 2000 727-825-9117

Date

Daytime Phone #

CR2E037 (9/99)