

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03073

1. Entity Name

ADALIA BAYFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2 ADALIA AVE
TAMPA FL 33606
US

2 ADALIA AVE
TAMPA FL 33606
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

59-2635855

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

MEZER, STEVEN H
1212 COURT STREET
SUITE B
CLEARWATER FL 34616

Name

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

220 SOUTH FRANKLIN STREET

City

TAMPA

FL

Zip Code

33602

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 DP
NAME MCLEROY, KATHLEEN
STREET ADDRESS 10033 9TH ST N - 2ND FLOOR
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

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

TITLE DS
NAME GERLACH, PHILLIP
STREET ADDRESS 10033 9TH ST N - 2ND FLOOR
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

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

TITLE DT
NAME CARSON, STEVE
STREET ADDRESS 10033 9TH ST N - 2ND FLOOR
CITY-ST-ZIP ST PETERSBURG FL 33716 ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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 REQUIRED

1-16-01 (813) 223-7000

Date

Daytime Phone #

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90332 031 ****61.25

ADU000310



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)