

2000 UNIFORM BUSINESS REPORT (UBR)

7

DOCUMENT # N04303

1. Entity Name

MARTY-LEE CONDOMINIUM ASSOCIATION, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

07-19-2000 90016 041 ***61.25

Principal Place of Business
MARTY LEE CONDOMINIUM ASSOC INC
8415 B NORTH ALBANY AVE
TAMPA FL 33604
US

Mailing Address
MARTY LEE CONDOMINIUM ASSOC INC
8415-B NORTH ALBANY AVE
TAMPA FL 33604
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
MARTY Lee Condominium Assoc. Inc.

Suite, Apt. #, etc.
8415 North Albany Ave #C

City & State
Tampa FL

Zip
33604

Country
US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIKELONIS, ANDREW
8415-B NORTH ALBANY AVE
TAMPA FL 33604

7. Name and Address of New Registered Agent

Name
DINA Thomson

Street Address (P.O. Box Number is Not Acceptable)
8415 N. Albany #C

City
Tampa

FL

Zip Code
33604

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
Dina Thomson

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

(NOTE: Registered Agent signature required when reinstating)

7/7/00

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIKELONIS, ANDY 8415 B NORTH ALBANY TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLE MCLEISH CHIN 8415-C NORTH ALBANY TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAMBURGER, DOROTHY 8415-A NORTH ALBANY AVE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DINA Thomson 8415 N. Albany #C Tampa FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD MEYER 8415 N. Albany #B Tampa FL 33604	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/00

Date

813 870-8355

Daytime Phone #

CH2E037 (5/00)