## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 07, 2002 8:00 am Secretary of State **DOCUMENT # N10340** 1. Entity Name 05-07-2002 90378 010 \*\*\*\*61.25 WATERSIDE COMMUNITY ASSOCIATION, INC. Principal Place of Business Mailing Address TEMPLE TERRACE HWY 7001 TEMPLE TERRACE HWY HUUDOOA TEMPLE TERRACE FL 33637 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2574471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) DUARTE, ANTONIO I 11959 NORTH FLORIDA AVENUE **TAMPA FL 33612** Zip Code FL 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DΡ Delete Addition TITLE TITI F Change au Development 289 : õ do Lennau Devel 1902 Elsenhower LASHLEY, JAMES NAME NAME STREET ADDRESS 311 PARK PLACE BLVD, STE 600 STREET ADDRESS CITY-ST-ZIP AMPA, PL 33434 CITY-ST-ZIP CLEARWATER FL Delete ☐ Change Addition Addition TITLE CLAY THOMPSON, III BOWERS, BEN NAME USHONE CORP. STREET ADDRESS STREET ADDRESS 7015 WATERSIDE ST CITY-ST-ZIP TAMPA-FL CITY-ST-ZIP--PARWATER FL 33LSY Virector DVP Delete Change Addition THOMPSON, CLAY NAME John STREET ADDRESS 311 PARK PLACE BLVD, STE 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SIGNING DESCRIPTION

SIGNATURE:

3/15/02

813 901-5263

FILED