

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13914

1. Entity Name

EDWARD H. WHITE II OFFICE CONDOMINIUM ASSOCIATIO

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90230 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

526 CENTRAL AVENUE  
SUITE #200  
ST PETERSBURG FL 33701  
US

526 CENTRAL AVENUE  
SUITE #200  
ST PETERSBURG FL 33701-3704  
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 **59-3608534**  
**59-2102070**

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

HERETICK, KENNETH W  
526 CENTRAL AVE,  
SUITE #200  
ST PETERSBURG FL 33701

Name **R. BRADLEY WELCH**

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

**1810 S. MACDILL**

City **TAMPA**

**FL**

Zip Code  
**33629**

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	<input checked="" type="checkbox"/> Delete
NAME	VINCI, LOUIS J.	
STREET ADDRESS	7162 HUNT CLUB LANE	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WELCH, GEORGE H. JR.	
STREET ADDRESS	1411 N. FLAGLER DR. SUITE 4200-8300	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LIGHT, JAMES M.	
STREET ADDRESS	2299-9TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, FRANCIS JOSEPH	
STREET ADDRESS	1033-7TH AVE. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KULLMAN, GEORGE	
STREET ADDRESS	501-11TH ST. NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	R	<input checked="" type="checkbox"/> Delete
NAME	HERETICK, KENNETH W	
STREET ADDRESS	526 CENTRAL AVE, STE #200	
CITY-ST-ZIP	ST PETERSBURG FL 33701	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. BRADLEY WELCH	
STREET ADDRESS	1810 S. MACDILL	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)