

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90042 015 \*\*\*\*61.25

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**DOCUMENT # N13914**

1. Entity Name

**EDWARD H. WHITE II OFFICE CONDOMINIUM ASSOCIATIO**

Principal Place of Business

526 CENTRAL AVENUE  
SUITE #200  
ST PETERSBURG FL 33701  
US

Mailing Address

526 CENTRAL AVENUE  
SUITE #200  
ST PETERSBURG FL 33701  
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**

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

WELCH, R. BRADLEY  
~~1810 S. MACDILL~~  
~~TAMPA FL 33629~~

*711 So. Howard Ave  
Tampa, FL 33606*

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 PD  
NAME WELCH, R. BRADLEY ☐ Delete  
STREET ADDRESS ~~1810 S. MACDILL~~  
CITY-ST-ZIP ~~TAMPA FL 33629~~

TITLE ☒ Change ☐ Addition  
NAME *711 So. Howard Avenue*  
STREET ADDRESS *Tampa FL 33606*  
CITY-ST-ZIP

TITLE VD  
NAME WELCH, GEORGE H. JR. ☐ Delete  
STREET ADDRESS 1411 N. FLAGLER DR. SUITE 4200-8300  
CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE STD  
NAME LIGHT, JAMES M. ☐ Delete  
STREET ADDRESS 2299 9TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D  
NAME BURNS, FRANCIS JOSEPH ☐ Delete  
STREET ADDRESS 1033-7TH AVE. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE D  
NAME KULLMAN, GEORGE ☐ Delete  
STREET ADDRESS 501-11TH ST. NORTH  
CITY-ST-ZIP ST. PETERSBURG FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/01*

*813-254-9000*

Date

Daytime Phone #

CR2E037 (10/00)