

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90282 032 \*\*\*\*61.25

**DOCUMENT # N13914**

1. Entity Name

**EDWARD H. WHITE II OFFICE CONDOMINIUM ASSOCIATION, INC.**

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

2299 9th Ave N.  
 Suite, Apt. #, etc.

3. Mailing Address

1343 52nd Ave NE  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>ST Petersburg FL</b>	City & State <b>ST Petersburg FL</b>	4. FEI Number <b>59-3608534</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33713</b>	Country <b>Pinellas</b>	Zip <b>33703</b>	Country <b>Pinellas</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>WELCH, R. BRADLEY 711 S HOWARD AVE TAMPA FL 33606</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WELCH, R. BRADLEY 711 S HOWARD AVE TAMPA FL 33606</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD WELCH, GEORGE H. JR. 1411 N. FLAGLER DR. SUITE 4200-8300 WEST PALM BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD LIGHT, JAMES M. 2299-9TH AVE. NORTH ST. PETERSBURG FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURNS, FRANCIS JOSEPH 1033-7TH AVE. NORTH ST. PETERSBURG FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KULLMAN, GEORGE 501-11TH ST. NORTH ST. PETERSBURG FL</b> <input type="checkbox"/> Delete	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"/> Delete	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)(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]* **1/15/02 813-254-9000**

CR2E037 (9/01)