

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22870

1. Entity Name

BAYSHORE POINTE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90325 030 \*\*\*\*61.25

Principal Place of Business

701 BAYSHORE BLVD.  
 SUITE 201  
 TAMPA FL 33606

Mailing Address

701 BAYSHORE BLVD.  
 SUITE 201  
 TAMPA FL 33606-2743

2. Principal Place of Business

701 Bayshore Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

701 Bayshore Blvd  
 Suite, Apt. #, etc.  
 #101



DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-2871907

Applied For

Not Applicable

Zip

33606

Country

Zip

33606

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MCCLURE, CHARLES A  
 701 BAYSHORE BLVD  
 STE 201  
 TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Ken Ward

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

701 Bayshore Blvd #101

City

Tampa FL

FL

Zip Code

33606

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

Ken Ward

4/25/2000

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TORINA, DONALD L.	
STREET ADDRESS	701 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WARD, KEN	
STREET ADDRESS	701 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCLURE, CHARLES A	
STREET ADDRESS	701 BAYSHORE BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARD, KATHERINE S	
STREET ADDRESS	701 BAYSHORE BLVD. STE 101	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McClure, Charles	
STREET ADDRESS	701 Bayshore Blvd #201	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	FD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Katherine S. Ward	
STREET ADDRESS	701 Bayshore Blvd. Ste 101	
CITY-ST-ZIP	Tampa, FL 33606	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 813-251-4188

Date

Daytime Phone #

CR2E037 (9/99)