

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90214 008 ****61.25

DOCUMENT # N22870

1. Entity Name

BAYSHORE POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

701 BAYSHORE BLVD.
TAMPA FL 33606

701 BAYSHORE BLVD.
STE 101
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

701 Bayshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33606

4. FEI Number

59-2871907

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

WARD, KEN
701 BAYSHORE BLVD
101
TAMPA FL 33606

Name

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

701 Bayshore Blvd

City

Tampa

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

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 ☐ Delete
NAME **PD**
WARD, KEN
STREET ADDRESS **701 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☒ Delete
NAME **SD**
MCCLURE, CHARLES A
STREET ADDRESS **701 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL**

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

TITLE ☐ Delete
NAME **VD**
WARD, KATHERINE S
STREET ADDRESS **701 BAYSHORE BLVD.- STE 101**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **701 Bayshore Blvd**
CITY-ST-ZIP **Tampa FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD**
Margaret McLung Ward
STREET ADDRESS **339 Glen Oaks Ave**
CITY-ST-ZIP **Temple Terrace, FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

4/22/02

813-251-4158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)