

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: *N27085*  
*THE MARK CONDOMINIUM ASSOC INC.*

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90255 025 \*\*\*\*61.25

Principal Place of Business

Mailing Address - *SAME*

*722 PINELLAS BAYWAY S. #107*  
*TIERRA VERDE, FL. 33715*

**A0068627**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

*William Keene*  
*6822 22nd Ave. N #135*  
*St. Petersburg, FL. 33710*

Name: *DAVID R. COHEN*  
Street Address (P.O. Box Number is Not Acceptable): *722 PINELLAS BAYWAY S. #107*  
City: *TIERRA VERDE* FL Zip Code: *33715*

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: *David R. Cohen* *4/29/01*

Signature, typed or printed name of registered agent and fee 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 <i>PD</i>	NAME <i>Keene, William</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<i>6822 22nd Ave. N #135</i>	
CITY-ST-ZIP	<i>St. Petersburg, FL. 33710</i>	
TITLE <i>VPD</i>	NAME <i>French, John</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<i>6822 22nd Ave. N #135</i>	
CITY-ST-ZIP	<i>St. Petersburg, FL. 33710</i>	
TITLE <i>STD</i>	NAME <i>Rodriguez, Fournke</i>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<i>6822 22nd Ave. N #135</i>	
CITY-ST-ZIP	<i>St. Petersburg, FL. 33710</i>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE <i>PD</i>	NAME <i>Cohen, David R.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>722 PINELLAS BAYWAY S. #107</i>	
CITY-ST-ZIP	<i>TIERRA VERDE, FL. 33715</i>	
TITLE <i>VPD</i>	NAME <i>Carr, Frank</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>722 PINELLAS BAYWAY S. #102</i>	
CITY-ST-ZIP	<i>TIERRA VERDE, FL. 33715</i>	
TITLE <i>STD</i>	NAME <i>PLANTHAGEN, MARY</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<i>722 PINELLAS BAYWAY S. #104</i>	
CITY-ST-ZIP	<i>TIERRA VERDE, FL. 33715</i>	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (11/00)

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

Date

Daytime Phone #

*4/29/01* *727-861-1847*