

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33625

1. Entity Name

PASS-A-GRILLE COMMUNITY ASSOCIATION, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90029 041 ****70.00

Principal Place of Business

Mailing Address

**3006 PASS-A-GRILL WAY
 ST. PETE BEACH FL 33706
 US**

**P.O. BOX 46422
 PASS A GRILLE FL 33741-6422
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1500 PASS-A-GRILLE WAY
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETE BCH FL

4. FEI Number

59-1732051

Applied For

Not Applicable

Zip

Country

Zip

Country

33706

USA

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

**KREIDER, LOLLY
 3006 PASS-A-GRILL WAY
 ST. PETE BEACH FL 33706**

Name

BARBARA CAKARNIS

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

105 12TH AVE

City

ST PETE BEACH

FL

Zip Code

33706

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

Barbara Cakarnis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/2000

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** Delete
 NAME **KREIDER, LOLLY**
 STREET ADDRESS **3006 PASS-A-GRILLE WAY**
 CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **PD** Change Addition
 NAME **CAKARNIS, BARBARA**
 STREET ADDRESS **105 12TH AVE**
 CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE **VD** Delete
 NAME **CAKARNIS, BARBARA**
 STREET ADDRESS **105 12TH AVE**
 CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **VD** Change Addition
 NAME **WYCOFF, DICK**
 STREET ADDRESS **2806 PASS-A-GRILLE WAY**
 CITY-ST-ZIP **ST PETE BEACH FL 33706**

TITLE **TD** Delete
 NAME **MICHAEL, ANN**
 STREET ADDRESS **113 4TH AVE**
 CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **PERRY, BETTY**
 STREET ADDRESS **2200 PASS-A-GRILLE WAY**
 CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **ADAIR, HAZEL**
 STREET ADDRESS **206 PASS-A-GRILLE WAY**
 CITY-ST-ZIP **ST. PETE BEACH FL 33706**

TITLE **SD** Change Addition
 NAME **PHILLIPS, MARGARET**
 STREET ADDRESS **403 GULF WAY # 403**
 CITY-ST-ZIP **ST PETE BEACH FL 33706**

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 TD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000 (721) 360-8564
 Date Daytime Phone #

CR2E037 (9/99)