

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-GRILLE 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-GRILLE 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)

DATE

1/19/2000

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

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

CR2E037 (9/99)