

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37330

1. Entity Name

ST. PETERSBURG MUNICIPAL MARINA TENANTS, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90017 015 *****61.25

0000957

Principal Place of Business

300 SECOND AVE SE
ST. PETERSBURG FL 33701
US

Mailing Address

300 SECOND AVE. SE
#37
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

3. Mailing Address

101 BAYSHORE DR. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Box #1

City & State

City & State

ST. PETERSBURG FLORIDA

Zip

Country

Zip

Country

33701

U.S.

4. FEI Number

59-3007730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HAZELTINE, HUGH
300 - 2ND AVE., S.E.
#37
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

PAUL BARBOUR

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

101 BAYSHORE DR. N.E. #1

City

ST. PETERSBURG

FL

Zip Code

33701

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

Paul Barbour

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAZELTINE, HUGH 300 2ND AVE SE #37 ST. PETERSBURG FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDER, LYNNE 777 S HARBOR ISLAND BLVD STE 850 TAMPA FL 33602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BIRT, THOMAS 300 2ND AVE SE # 12 SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUL BARBOUR 101 BAYSHORE DR NE #1 ST. PETERSBURG FLORIDA 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MICHAEL CLARK 101 BAYSHORE DR. NE #3 ST. PETERSBURG FLORIDA 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARISSA HAZELTINE 300 2ND AVE SE #37 ST. PETERSBURG FLORIDA 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DORSEY JACK 101 BAYSHORE DR. NE #5 ST. PETERSBURG FLORIDA 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREW FAYE 300 2ND AVE SE #5B-118 ST. PETERSBURG FLORIDA 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Paul Barbour

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 727539-1077

Date

Daytime Phone #

CR2E037 (10/00)