

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90401 042 ****61.25

DOCUMENT # N94000002795

1. Entity Name

4220 W. NO. B STREET CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

**4220 W. NORTH B STREET - A
 TAMPA FL 33609**

**4220 W. NORTH B STREET - A
 TAMPA FL 33609**

00054409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3245707

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

**CARR, JOYCE E
 4220 W. NORTH B STREET - A
 CONDOMINIUM ASSOCIATION INC
 TAMPA FL 33609 - 2 2 2 /**

Name

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

City

FL

Zip Code

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

Joyce E Carr

5/11/2001

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: PD
 NAME: STEWMAN, LIZANNE Delete
 STREET ADDRESS: 4220 W NORHT B ST UNIT B
 CITY-ST-ZIP: TAMPA FL 33609

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

TITLE: SD
 NAME: CAR, JOYCE E Delete
 STREET ADDRESS: 4220 W NORTH B ST UNIT A
 CITY-ST-ZIP: TAMPA FL 33609

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

TITLE: TD
 NAME: JORDAN, PAMELA Delete
 STREET ADDRESS: 2926 W HAWTHORNE RD
 CITY-ST-ZIP: TAMPA FL 33611

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

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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: *Joyce E Carr* **NOTAR PUBLIC REQUIRED** *5/11/01* *813-381-6475*

CR2E037 (10/00)