

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003922

1. Entity Name

**BAYSIDE KEY HOMEOWNERS ASSOCIATION, INC.**

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90005 026 \*\*\*\*70.00

Principal Place of Business  
 6000 BAYSIDE KEY DR.  
 TAMPA FL 33615

Mailing Address  
 7628 N 56TH ST  
 STE 8  
 TAMPA FL 33617-7732  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3280459		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPIVEY, WILLIAM C 7628 N 56TH ST STE 8 TAMPA FL 33617				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<p><b>FILE NOW:</b>  <b>FEE IS \$61.25</b></p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p> <p><b>\$5.00</b> May Be Added to Fees</p>	<p><b>Make Check Payable to Department of State</b></p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERNIGAN, BETTY		NAME	THEODORE GIBBONS	
STREET ADDRESS	6011 BAYSIDE KEY DR		STREET ADDRESS	5920 BAYSIDE KEY	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPARD, NANCY		NAME	MARJORIE GIBBONS	
STREET ADDRESS	6007 BAYSIDE KEY DR		STREET ADDRESS	5920 BAYSIDE KEY	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	TAMPA FL 33615	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNIGHT, DEBRA		NAME	LINDA S. CORREIA	
STREET ADDRESS	6013 BAYSIDE KEY DR		STREET ADDRESS	5926 BAYSIDE KEY	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 *Theodore M. Gibbons* SIGNATURE REQUIRED

4/2/2000 (813) 255-0873

Date Daytime Phone #

CR2E037 (9/99)