## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 26, 2002 8:00 am Secretary of State DOCUMENT # N9500000621 02-26-2002 90104 007 \*\*\*\*61.25 LE REFUGE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2506-D TENNESSEE AVE 2506-D TENNESSEE AVE TAMPA FL 33629 **TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For NOT APPLICABLE -Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent non Street Address (P.O. Box Number is Not Acceptable) EVANS, MILES J 2506-D TENNESSEE AVE Tennessee **TAMPA FL 33629** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) وي 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition PD CR2E037 (9/01 TITLE TITLE Change Delete EVANS, MILES J NAME NAME STREET ADDRESS STREET ADDRESS 2506-D TENNESSEE AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE Change Addition Delete 📈 OSTMAN, ELLEN D NAME NAME STREET ADDRESS STREET ADDRESS 325 SOUTH BOULEVARD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33606 ☐ Change ☐ Addition TITLE TITLE ☐ Delete STRACHAN, GEORGEINA NAME NAME STREET ADDRESS STREET ADDRESS 2506-D TENNESSEE AVE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** PDITO TITLE ☐ Detete TITLE ☐ Addition OBRIEM, CATHERINE O'BRIEN, CATHERINE NAME NAME TENNESSEE AVE 2506-B STREET ADDRESS STREET ADDRESS 2506-B TENNESSEE AVE 33629 CITY-ST-ZIP CITY-ST-ZIP TAMPA **TAMPA FL 33629** D۷ Change ☐ Addition Page 1 TITLE ESTES, JAMES C JR NAME STREET ADDRESS 2506-A TENNESSEE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 improvered.

**SIGNATURE:** 

FILED