

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004566

1. Entity Name

PARADISE BAY ESTATES TENANTS' ASSOC., INC.

Principal Place of Business

10315 44 AVE. WEST  
BRADENTON FL 34210  
US

Mailing Address

10315 44 AVE. WEST  
42 4TH ST  
BRADENTON FL 34210  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0635722

Applied For

Not Applicable

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

LEEK, KAREN B  
10315 49 AVE. WEST  
42-4TH ST  
BRADENTON FL 34210

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 \_\_\_\_\_  
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 NAME ☐ Delete  
D  
YOUNG, BARBARA  
STREET ADDRESS 10315 44TH AVE. WEST 71-4TH ST.  
CITY-ST-ZIP BRADENTON FL

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

TITLE NAME ☐ Delete  
PD  
LEEK, KAREN  
STREET ADDRESS 10315 44TH AVE WEST, 42 4TH ST  
CITY-ST-ZIP BRADENTON FL 34210

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

TITLE NAME ☐ Delete  
D  
LAMB, JENNY  
STREET ADDRESS 10315 44TH AVE W, 62 SECOND ST  
CITY-ST-ZIP BRADENTON FL 34210

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

3/20/01

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FILED  
Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90010 007 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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