

7300

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90192 005 \*\*\*\*61.25

**DOCUMENT # N97000003445**

1. Entity Name

**GRAND BAY/LBK III ASSOCIATION, INC.**



Principal Place of Business

3030 GRAND BAY BLVD.  
LONGBOAT KEY FL 34228

Mailing Address

3030 GRAND BAY BLVD  
LONGBOAT KEY FL 34228

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

**65-0813533**

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

**PITCHFORD, MALCOLM  
BARNETT BANK CENTER  
240 S PINEAPPLE AVE  
SARASOTA FL 34230**

7. Name and Address of New Registered Agent

**Beth Callans Management Corp.  
595 Bay Isles Road Suite: 201  
Longboat Key, FL 34228**

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.

*Beth Callans*  
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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	Jecha, Ronald	
STREET ADDRESS	3030 GRAND BAY BLVD UNIT 356	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLATOW, DAVID	
STREET ADDRESS	3030 GRAND BAY BLVD UNIT 351	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D Secretary	<input type="checkbox"/> Delete
NAME	IDZIK, DANIEL	
STREET ADDRESS	3030 GRAND BAY BLVD UNIT 393	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D Vice President	<input type="checkbox"/> Delete
NAME	VERMA, DIANA	
STREET ADDRESS	3030 GRAND BAY BLVD UNIT 383	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	DP	
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Gabbard	
STREET ADDRESS	3030 Grand Bay Blvd # 312	
CITY-ST-ZIP	Longboat Key, FL 34228	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irwin Becker	
STREET ADDRESS	DD	
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 reports 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 empowerments.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)