

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

0061736

**DOCUMENT # N97000005317**

1. Entity Name

**LONG BAYOU ROAD ASSOCIATION, INC.**

03-22-2001 90018 040 \*\*\*\*61.25

Principal Place of Business

9777 62ND TERRACE  
 SAINT PETERSBURG FL 33708

Mailing Address

9777 62ND TERRACE NO.  
 ST. PETERSBURG FL 33708

00000011



2. Principal Place of Business

3. Mailing Address

**P.O. Box 3474**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**SEMINOLE, FL**

4. FEI Number

**59-3521948**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33775-3474 USA**

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

**LAWRENCE, CHARLES F**  
**9777 62 TERRACE NORTH**  
**SAINT PETERSBURG FL 33708**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HALL, SAM</b>	
STREET ADDRESS	<b>9777 62 TERRACE N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAWRENCE, CHARLES</b>	
STREET ADDRESS	<b>9777 62 TERRACE N</b>	
CITY-ST-ZIP	<b>SAINT-PETERSBURG FL 33708</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>BENGSTON, PETE</b>	
STREET ADDRESS	<b>9777 62 TERRACE N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STRUBHART, JIM</b>	
STREET ADDRESS	<b>9777 62 TERRACE N</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33708</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WODA, GERI</b>	
STREET ADDRESS	<b>9860-62nd Terr. N, #1010</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	
TITLE	<b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWRENCE, CHARLES</b>	
STREET ADDRESS	<b>10036-63rd AVE. N. #1</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	
TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BENGSTON, PETE</b>	
STREET ADDRESS	<b>6399 Shoreline Dr. #4303</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATTOX, JACK</b>	
STREET ADDRESS	<b>10038-62nd Terr. N. #26</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOHNSON, CHARLOTTE</b>	
STREET ADDRESS	<b>10033-64th AVEN. #4</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DiGioia, Dominic</b>	
STREET ADDRESS	<b>9806-62nd Terr. N. #</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33708</b>	

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]* **N. P. BENGSTON** 3/19/01 727.392.1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)