

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

0080906

DOCUMENT # N97000005317

1. Entity Name

LONG BAYOU ROAD ASSOCIATION, INC.

02-03-2002 90024 002 ****61.25

Principal Place of Business 9777 62ND TERRACE SAINT PETERSBURG FL 33708	Mailing Address PO BOX 3474 SEMINOLE FL 33775-3474
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DO NOT WRITE IN THIS SPACE

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 59-3521948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	D HALL, SAM	<input type="checkbox"/> Delete
STREET ADDRESS	9777 62 TERRACE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE NAME	TD LAWRENCE, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	10036 63RD AVE. N. #1	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE NAME	PD BENGSTON, PETE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6399 SHORELINE DR. #4303	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE NAME	D WODA, GERI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9880 62ND TERRACE N. #1010	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE NAME	D MATTOX, JACK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10038 62ND TERRACE N. #26	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P. CHARLOTTE JOHNSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	10033 64th AV. N #4	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE NAME	S. JACK ANDERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6315 SHORELINE DR.	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE NAME	V. DAN YOUNG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6555 99th WAY N. 20-E	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE NAME	D. GEORGE SEVERN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9860 62nd Terrace N #1029	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE NAME	D. CHARLES LOWE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9810 62nd Terrace N. #9828	
CITY-ST-ZIP	ST. PETERSBURG FL 33708	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JACK G. ANDERSON** Secretary 1/17/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)