

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90064 025 ****61.25

DOCUMENT # N97000005317



1. Entity Name
LONG BAYOU ROAD ASSOCIATION, INC.

Principal Place of Business
**9777 62ND TERRACE
SAINT PETERSBURG FL 33708**

Mailing Address
**PO BOX 3474
SEMINOLE FL 33775-3474**

2. Principal Place of Business
9777 62nd Terr. N.

3. Mailing Address
9777 62nd Terr. N.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number **59-3521948**

Applied For
Not Applicable

Zip Country
33708 U.S.A.

Zip Country
33708 U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles F Lawrence Treasurer*

2-6-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SAM 9777 62 TERRACE N SAINT PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAWRENCE, CHARLES 10036 63RD AVE. N. #1 SAINT PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, CHARLOTTE 10033 64TH AVE N #4 SAINT PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, JACK 6315 SHORELINE DR SAINT PETERSBURG FL 33708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUNG, DAN 6555 99TH WAY N 20-E SAINT PETERSBURG FL 33708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVERN, GEORGE 9860 62ND TERRACE N #9828 SAINT PETERSBURG FL 33708	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, SAM 6301 SHORELINE DRIVE SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANDERSON, JACK 6315 SHORELINE DR SAINT PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERRY, FRANK 9950 62nd TERR. N, #203 SAINT PETERSBURG, FL 33708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIGIOIA, DOM 9806 62nd TERR. N, SAINT PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEVERN, GEORGE 9860 62nd TERR. N, #1029 SAINT PETERSBURG, FL 33708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charles F Lawrence Treasurer* **2-6-03** **727-381-9414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

Attachment 30033563
DOC # 1197000005317

ATTACHMENT

11.

D
GALLOWAY, TOM
10032 65RH AVENUE N, #5
SAINT PETERSBURG, FL 33708