

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001503

1. Entity Name

BAY MOBILE HOME PARK HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

3049 6TH ST SO. LOT 150
ST PETERSBURG FL 33705

Mailing Address

3049 6TH ST SO. LOT 150
ST PETERSBURG FL 33705-3791

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

☒ 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

AUSTIN, DAVID D
3049 6TH ST SO. LOT 150
ST PETERSBURG FL 33705

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	P	<input checked="" type="checkbox"/> Delete
NAME	PATTEN, JOHN H	
STREET ADDRESS	3049 6TH ST SO, LOT 150	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	Jim Black	
STREET ADDRESS	3049 6th ST. S. Lot 82	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	TREASURER	<input checked="" type="checkbox"/> Delete
NAME	Kevin McConehan	
STREET ADDRESS	3049 6th ST. S. Lot 118	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	YVONNE LEE	
STREET ADDRESS	3049 6th ST. S. Lot 155	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	TED OLEK	
STREET ADDRESS	3049 6th ST. S. Lot	
CITY-ST-ZIP	ST. PETERSBURG FL. 33705	
TITLE	SCOTT COLLINS Director	<input checked="" type="checkbox"/> Delete
NAME	SCOTT COLLINS	
STREET ADDRESS	3049 6th ST. S. Lot 55	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID AUSTIN	
STREET ADDRESS	3049 6th ST. S Lot 150	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE CONNELL	
STREET ADDRESS	3049 6th ST. S Lot	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORRYA FORT	
STREET ADDRESS	3049 6th ST. S Lot 317	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

YVONNE LEE (Secretary)

5-1-00

826-5606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2:7(5/99)