

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90005 011 ****61.25

DOCUMENT # N99000003671

1. Entity Name

WEST BAY NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7512 N. TAMiami TRAIL
 SARASOTA FL 34243

7512 N. TAMiami TRAIL
 SARASOTA FL 34243-1805



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7512 N. TAMiami Tr

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

City & State

SARASOTA

City & State

SAME

Zip

34243

Country

USA

Zip

SAME

Country

4. FEJ Number

65-06591771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, RONALD S
7512 N. TAMiami TRAIL
SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name

RONALD STEVEN HINES

Street Address (P.O. Box Number is Not Acceptable)

SAME

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HINES, RONALD	
STREET ADDRESS	7512 N. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ROTH, DANIEL	
STREET ADDRESS	3938 MEGELLAN WAY	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RUSH, YURI	
STREET ADDRESS	218 GAINES AVE.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARBER, STEVE	
STREET ADDRESS	316 SCOTT AVE.	
CITY-ST-ZIP	SARASOTA FL 34243	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/19)