

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90225 010 ***150.00

0485491 AV

DOCUMENT # P01000105705

1. Entity Name
ELITE ASSOCIATION MANAGEMENT, INC.



Principal Place of Business
**555 HAVEN POINT DRIVE
TREASURE ISLAND FL 33706**

Mailing Address
**PO BOX 40868
ST. PETERSBURG FL 33743**

2. Principal Place of Business
4190 40th St. S.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 530277
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
St Pete FLORIDA
Zip
33711

City & State
St Pete, FL
Zip
33747-0277

4. FEI Number
59-3751941

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FATA, GREGORY G
555 HAVEN POINT DRIVE
TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3450 34th Cir. S.
City **St. Petersburg** **FL** Zip Code **33711**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FATA, GREGORY G	
STREET ADDRESS	555 HAVEN POINT DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCBRIDE, THOMAS J	
STREET ADDRESS	4190 40TH ST. S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCBRIDE, JUDY	
STREET ADDRESS	109 THE CORSO	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	FATA, MIKEAL P	
STREET ADDRESS	1705 LUCAS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDREWS, LANCE	
STREET ADDRESS	2828 66TH TERRACE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3450 34th Cir. S.	
CITY-ST-ZIP	St. Petersburg FL 33711	
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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

727 687-9128

Date

Daytime Phone #

CR2E034 (10/02)