

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**  
 09-08-2002 90127 017 \*\*\*150.00

**DOCUMENT # P96000006548**

**1. Entity Name**  
**OLD ST. PETE DEVELOPMENT CORPORATION**

**Principal Place of Business**      **Mailing Address**  
**402 APPLEROUTH LANE, SUITE 10**      **402 APPLEROUTH LANE, SUITE 10**  
**KEY WEST, FL 33040**      **KEY WEST FL 33040**

**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** **65-0636254**      **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**

**BROWING, MICHAEL**  
**402 APPLEROUTH LANE, SUITE 10**  
**KEY WEST FL 33040**

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**  **Michael Browning**      **9/1/2002**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)      DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWNING, MICHAEL L</b>	
STREET ADDRESS	<b>402 APPLEROUTH LANE, SUITE 10</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SIRECI, THOMAS J</b>	
STREET ADDRESS	<b>402 APPLEROUTH LANE, SUITE 10</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:**  **Michael Browning**      **9/1/2002**      **305 293-8888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)

*Attachment*  
*#P96000006548*  
*978584*

**Florida Dept of State  
Division of Corporation  
PO Box 1500  
Tallahassee, FL 32302-1500**

**Re: Old St Pete Development Corp. 65-0636254  
P96000006548**

**Dear Sirs / Madam:**

**The Annual Report Notice was never received by the above referenced corporation and the officers of the corporation were unaware of this. This was discovered when the above corporation applied for financing and the bank made us aware of it. Therefore, we are requesting your review and approval for the one time waiver of the re-instatement penalty fee for the corporation. Attached is our 2002 Uniform Business Report and our check for \$150.00 to cover the corporate fee.**

**Thank you for your attention to this matter. If you should have any questions, please do not hesitate to call (305) 293-8888.**

**Sincerely,**

  
**Michael Browning**