

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000061724**

1. Entity Name

VINOY PLACE DEVELOPERS, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90200 021 ***150.00

Principal Place of Business

222 2ND ST NORTH
ST PETERSBURG FL 33701

Mailing Address

222 2ND ST NORTH
ST PETERSBURG FL 33701**00053484**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Second Avenue North

Suite, Apt. #, etc.

Suite 200

City & State

St Petersburg, FL

3. Mailing Address

PO Box 429

Suite, Apt. #, etc.

City & State

St Petersburg, FL

4. FEI Number

59-3520783

Applied For

Not Applicable

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

Zip

Country

Pinellas

Zip

33731-0429

Country

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRWIN, IAN F**222 2ND ST NORTH****ST PETERSBURG FL 33701**

Name

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

100 Second Avenue North Suite 200

City

St Petersburg**FL**

Zip Code

33701

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☐ Delete
NAME **IRWIN, IAN F**
STREET ADDRESS **222 2ND ST NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100 Second Avenue North Suite 200**
CITY-ST-ZIP **St Petersburg, FL 33701**TITLE **SVP** ☐ Delete
NAME **JENKINS, DAVID A**
STREET ADDRESS **222 SECOND ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100 Second Avenue North Suite 200**
CITY-ST-ZIP **St Petersburg, FL 33701**TITLE **VP** ☐ Delete
NAME **BRETT, DAVID A**
STREET ADDRESS **222 SECOND ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100 Second Avenue North Suite 200**
CITY-ST-ZIP **St Petersburg, FL 33701**TITLE **VP** ☐ Delete
NAME **MCLAUGHLIN, CRAIG**
STREET ADDRESS **222 SECOND ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33701**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **100 Second Avenue North Suite 200**
CITY-ST-ZIP **St Petersburg, FL 33701**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 an other like empowered.

SIGNATURE:**Ian F Irwin, President****4/26/01****(727)821-5178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)