

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90043 016 \*\*\*\*61.25

**DOCUMENT # 749323**

1. Entity Name

**5010 BAYSHORE CONDOMINIUM, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
5010 BAYSHORE BLVD. TAMPA FL 33611		5010 BAYSHORE BLVD. TAMPA FL 33611-3859	
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	59-1968869	Applied For	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NIX, GILMER 5010 BAY SHORE BLVD., #1 TAMPA FL 33611		Name <b>Dr. Brendan O'Malley</b> Street Address (P.O. Box Number is Not Acceptable) <b>5010 Bayshore Blvd., #8</b> City <b>Tampa</b> FL Zip Code <b>33611-3859</b>	

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]* DATE **2/6/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NIX, GILMER		NAME	Dr. Brendan O'Malley	
STREET ADDRESS	5010 BAY SHORE BLVD #1		STREET ADDRESS	5010 Bayshore Blvd, #4	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	Tampa, Fla 33611-3859	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEN, NELL		NAME	Brenda <del>Orcutt</del> Orcutt	
STREET ADDRESS	5010 BAY SHORE BLVD #9		STREET ADDRESS	5010 Bayshore Blvd, #12	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWAART, HENDRIKUS		NAME	Mary Audry Wilson	
STREET ADDRESS	5010 BAY SHORE BLVD #10		STREET ADDRESS	5010 Bayshore Blvd, #11	
CITY-ST-ZIP	TAMPA FL 33611		CITY-ST-ZIP	Tampa, Fla 33611-3859	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, MURRAY		NAME	Frederick S. Johnston Jr	
STREET ADDRESS	5010 BAYSHORE #2		STREET ADDRESS	5010 Bayshore Blvd, #8	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Tampa, Fla 33611-3859	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, NANCY		NAME	Nancy Ford	
STREET ADDRESS	5010 BAYSHORE BLVD #6		STREET ADDRESS	5010 Bayshore Blvd, #06	
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP	Tampa, Fla 33611-3859	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DATE: **2/6/00** DAYTIME PHONE: **813-977-2511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)