

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90133 021 ****61.25

DOCUMENT # 749323

1. Entity Name

5010 BAYSHORE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**5010 BAYSHORE BLVD.
TAMPA FL 33611**

**5010 BAYSHORE BLVD.
TAMPA FL 33611**

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

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

**O'MALLEY, BRENDAN
5010 BAY SHORE BLVD
#8
TAMPA FL 33611-3859**

Name
O'Malley, Brendan

Street Address (P.O. Box Number is Not Acceptable)
5010 Bay Shore Blvd.

#4

City **Tampa,**

FL

Zip Code
33611-3859

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 _____

**After September 13, 2002,
min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DP	O'MALLEY, BRENDAN	5010 BAYSHORE BLVD #1	TAMPA FL 33611-3859	<input checked="" type="checkbox"/>
T	JOHNSTON, FREDERICK S JR	5010 BAYSHORE BLVD #8	TAMPA FL 33611-3859	<input checked="" type="checkbox"/>
VD	FORD, NANCY	5010 BAYSHORE BLVD #6	TAMPA FL 33611-3859	<input checked="" type="checkbox"/>
S	ARIZU, ELIZABETH	5010 BAYSHORE BLVD. # 9	TAMPA FL 33611	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	Wilson, Hoyle	5010 Bayshore Blvd, #11	Tampa, Fl. 33611-3859	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Nix, Gilmer	5010 Bayshore Blvd., #1	Tampa, Fl. 33611-3859	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Ford, Charles	5010 Bayshore Blvd., #6	Tampa, Fl. 33611-3859	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Garrett, Barbara	5010 Bayshore Blvd., #2	Tampa, Fl. 33611-3859	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Hoyle Wilson* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE REQUIRED** *Aug 2, 02*

CR2E037 (4/02)