

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768840

1. Entity Name

5550 PROFESSIONAL BUILDING ASSOCIATION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90096 032 \*\*\*\*61.25

Principal Place of Business	Mailing Address
5550 26TH ST. W. SUITE 3 BRADENTON FL 34207-3514 US	5550 26TH ST. W. SUITE 3 BRADENTON FL 34207-3514 US



DO NOT WRITE IN THIS SPACE

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	Applied For
59-2407216	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WESTERWOFF, DON  
 5550 26TH STREET, WEST  
 SUITE 3  
 BRADENTON FL 34207

7. Name and Address of New Registered Agent

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 DON WESTERHOFF 4-18-2000  
Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WESTERWOFF, DON	
STREET ADDRESS	5550 26TH STREET, WEST, SUITE 3	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PIERCE, SHARYL	
STREET ADDRESS	5550 26TH STREET, WEST, SUITE 3	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WESTERWOFF, LYNNE	
STREET ADDRESS	5550 26TH STREET, WEST, SUITE 3	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 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: DON WESTERHOFF 4-18-2000 (941) 252-1159  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)