

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90012 050 ****61.25

001428

DOCUMENT # 768840

1. Entity Name

5550 PROFESSIONAL BUILDING ASSOCIATION, INC.

Principal Place of Business

5550 26TH ST. W.
 SUITE 3
 BRADENTON FL 34207-3514
 US

Mailing Address

5550 26TH ST. W.
 SUITE 3
 BRADENTON FL 34207-3514
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2407216

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

Correct spelling of last name →

7. Name and Address of New Registered Agent

Name

WESTERHOFF

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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

TITLE: **PD** Delete
 NAME: **WESTERWOFF, DON**
 STREET ADDRESS: **5550 26TH STREET, WEST, SUITE 3**
 CITY-ST-ZIP: **BRADENTON FL 34207**

TITLE: **SD** Delete
 NAME: **PIERCE, SHARYL**
 STREET ADDRESS: **5550 26TH STREET, WEST, SUITE 3**
 CITY-ST-ZIP: **BRADENTON FL 34207**

TITLE: **TD** Delete
 NAME: **WESTERWOFF, LYNNE**
 STREET ADDRESS: **5550 26TH STREET, WEST, SUITE 3**
 CITY-ST-ZIP: **BRADENTON FL 34207**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **WESTERHOFF** Change Addition
 NAME: **WESTERHOFF**
 STREET ADDRESS: **Spelling of LAST NAME**
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: **WESTERHOFF** Change Addition
 NAME: **WESTERHOFF**
 STREET ADDRESS: **Spelling of LAST NAME**
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

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 of 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

8/23/2001 941)752-1159

CR2E037 (5/01)