2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001537

FILED

00 MAR 23 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

CLEVELAND PLAZA, LTD.

Principal Place of Business	Mailing Address
1213 CLEVELAND STREET CLEARWATER FL 33755	1213 CLEVELAND STREET CLEARWATER FL 33755-4908

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 59-3518352 ☐ 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
WILKINS, MARK H 1213 CLEVELAND ST. CLEARWATER FL 33755	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$352,950.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000054597	STREET ADDRESS	
NAME	WILKINS CORP.	CITY-ST-ZIP	
STREET ADDRESS	2778 QUAIL HOLLOW ROAD WEST		
CITY-ST-ZIP	CLEARWATER FL 33761		
DOCUMENT #	P98000054589	STREET ADDRESS	
NAME	VOGEL CORP.	CITY-ST-ZIP	600003198016--6
STREET ADDRESS	2209 RIVERVIEW BLVD. WEST		-04/06/00--01047--012
CITY-ST-ZIP	BRADENTON FL 34205		****526.25 ****526.25
DOCUMENT #	P95000022389	STREET ADDRESS	
NAME	CONPROP OF TAMPA, INC.	CITY-ST-ZIP	
STREET ADDRESS	6807 BLUFFS BLVD.		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	dee
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Mark H. Wilkins SIGNATURE Mark H. Wilkins, President Wilkins, Corp. 3/7/2000 (727)447-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #