

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90067 006 \*\*\*\*61.25

**DOCUMENT # NO1000003603**



1. Entity Name

**BROOKSIDE PROFESSIONAL PARK OWNERS ASSOCIATION,  
INC.**

Principal Place of Business

**3040 W BEARSS AVE  
TAMPA FL 33618**

Mailing Address

**3040 W BEARSS AVE  
TAMPA FL 33618**

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 **59-3720099**

**59-3720099**

**SEE ATTACHED**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WESTFALL, JOHN  
3040 W BEARSS AVE  
TAMPA FL 33618**

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. 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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DPST** ☐ Delete  
NAME **WESTFALL, JOHN W**  
STREET ADDRESS **3040 W BEARSS AVE**  
CITY-ST-ZIP **TAMPA FL 33618**

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

TITLE **D** ☐ Delete  
NAME **WESTFALL, CAROL**  
STREET ADDRESS **3040 W BEARSS AVE**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE **V/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MYERS, STEVEN L**  
STREET ADDRESS **115 BEARSS AVE**  
CITY-ST-ZIP **TAMPA FL 33613**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**Carole A. Westfall V.P. 3/7/03 (813) 962-6544**

CR2E037 (10/02)

Attachment

70027495  
#N01000003603



TEAR OFF HERE

# FTD ADDRESS CHANGE

An address change here changes your address on the FTD coupons only.

New  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_

Form 8109-C (Rev. 12-2000)

Do not write beyond this line

Employer Identification Number (EIN)

59-3726093 231512 4 2

OMB No. 1545-0257

07  
BROOKSIDE PROFESSIONAL PARK OWNERS  
ASSOCIATION INC  
3040 W BEARSS AVE  
TAMPA FL 33618-1811

INTERNAL REVENUE SERVICE CENTER  
ATLANTA, GA 39901

Send FTD Address Change and correspondence to the IRS address above.