

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02350

00 APR 28 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

INTERSTATE PARK OF COMMERCE OWNERS ASSOCIATION.

Principal Place of Business

Mailing Address

% 300 HYDE PARK AVENUE
TAMPA FL 33608

P.O. BOX 23488
TAMPA FL 33623-0488
US

2. Principal Place of Business

% 1315 S. Howard Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33606

Country
U.S.A.

Zip

Country

4. FEI Number

69-1989748

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

**DIKMAN, ROBERT J
300 HYDE PARK AVENUE
TAMPA FL 33608**

Name **Robert J. Dikman**

Street Address (P.O. Box Number is Not Acceptable)

1315 S. Howard Avenue

City **Tampa**

FL

Zip Code
33606

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]
Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when transferring)

3/16/00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **VTD MCKINNEY, PATRICIA**
STREET ADDRESS **9920 ADAMO DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **PD BORRER, WILLIAM**
STREET ADDRESS **% 300 HYDE PARK AVENUE**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD RIVARD, ROGER**
STREET ADDRESS **9740 ADAMO DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE Change Addition
NAME **W/S/D**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **D Sanford L. Woods**
STREET ADDRESS **9815 Currie Davis Blvd.**
CITY-ST-ZIP **Tampa, FL 33619**

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
KE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *[Signature]* **PATRICIA MCKINNEY**

3/13/00 813 623-1148
DATE Daytime Phone #

CFR2037 (9/99)