

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90380 030 \*\*\*\*61.25

**DOCUMENT # N02350**

1. Entity Name

**INTERSTATE PARK OF COMMERCE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O 1315 S. HOWARD AVENUE  
 TAMPA FL 33606

P.O. BOX 23488  
 TAMPA FL 33623-3488  
 US

2. Principal Place of Business

3. Mailing Address

*C/O 1315 S. Howard Ave.*

*Same*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Ste. 202*

City & State

City & State

*Tampa, FL*

Zip  
*33606*

Country  
*Hillsborough*

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1989749**

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**  
 1315 S. HOWARD AVENUE  
 TAMPA FL 33606

Name *Robert J. Dikman*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1315 S. Howard Ave. Ste 202*  
 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/9/02*

**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	PTD	<input checked="" type="checkbox"/> Delete
NAME	LECHNER, JUDITH	
STREET ADDRESS	13300 MCCORMICK DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RIVARD, ROGER	
STREET ADDRESS	9740 ADAMO DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, SANFORD L	
STREET ADDRESS	9815 CURRIE DAVIS BLVD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	SABLER, LES	
STREET ADDRESS	201 E KENNEDY BLVD., #1121	
CITY-ST-ZIP	TAMPA FL	
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"/> 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	<i>President / Treasurer</i>	<input type="checkbox"/> Change <input checked="" 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4/4/02* 813.273.8480  
 Date Daytime Phone #

CR2E037 (9/01)