

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90462 006 ****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
STE 202
TAMPA FL 33606**

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

11002495



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3: Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1989749**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
STE 202
TAMPA FL 33606**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VSD						
	RIVARD, ROGER	9740 ADAMO DRIVE	TAMPA FL				
	D						
	WOODS, SANFORD L	9815 CURRIE DAVIS BLVD.	TAMPA FL 33619				
	PT						
	SABLER, LES	201 E KENNEDY BLVD., #1121	TAMPA FL				

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: _____ DATE: **4/16/03** DAYTIME PHONE #: **813-620-6500**
SIGNATURE REQUIRED

CR2E037 (10/02)