

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2001 8:00 am
Secretary of State
 04-06-2001 90014 004 ****61.25

DOCUMENT # N09968

1. Entity Name

TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.

Principal Place of Business

**401 E. JACKSON STREET
 SUITE 2310
 TAMPA FL 33602**

Mailing Address

**3003 TAMiami TRAIL NORTH
 SUITE 400
 NAPLES FL 34103
 US**

A0043197



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3003 9TH STREET NORTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 400

City & State
NAPLES, FL

City & State

4. FEI Number

59-2777936

Applied For

Not Applicable

Zip
34103

Country
USA

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

**FLORA, TERRY L.
 3003 TAMiami TRAIL NORTH
 STE 400
 NAPLES FL 33940**

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIRR, JEFFREY 3003 TAMIAM TRAIL N, STE 400 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KULPINSKI, RONALD W. ONE STAMFORD FORUM STAMFORD CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD UTTER, PATRICK L 3003 TAMIAM TRAIL N, STE 400 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JON 1 EAST TELECOM PARKWAY TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD CORINA, ROBERT D 3003 TAMIAM TRAIL N, STE 400 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'CONNOR, JOHN D 3003 TAMiami TRAIL NORTH, #400 NAPLES FL 34103	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

Jeffrey M. Birr, President 3/22/01 941/261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)