

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

05-18-2001 91577 044 ****61.25

DOCUMENT # N23039

1. Entity Name

ABBEY PROPERTY OWNERS, INC.

Principal Place of Business

502 SOUTH WILLOW AVE.
 UNIT #8
 TAMPA FL 33606

Mailing Address

502 SOUTH WILLOW AVE.
 UNIT #8
 TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. #4

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3373214

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

ROCK, JOANNE
 502 SOUTH WILLOW AVE.
 UNIT #8
 TAMPA FL 33606

Name Rock, Joanne

Street Address (P.O. Box Number is Not Acceptable)
 502 South Willow Ave.

#4

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

Joanne Rock

5/13/01

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 VD
 NAME ROMER, A. JOHN III ☒ Delete
 STREET ADDRESS 502 SOUTH WILLOW AVE. #10
 CITY-ST-ZIP TAMPA FL 33606

TITLE Stuart Hunter ☒ Change ☐ Addition
 NAME 502 S. Willow Ave., #8
 STREET ADDRESS Tampa, FL 33606 PD
 CITY-ST-ZIP

TITLE PD
 NAME ROCK, JOANNE ☐ Delete
 STREET ADDRESS 502 S. WILLOW AVE. #4
 CITY-ST-ZIP TAMPA FL 33606

TITLE Joanne Rock ☒ Change ☐ Addition
 NAME 502 S. Willow Ave., #4 TD
 STREET ADDRESS Tampa, FL 33606
 CITY-ST-ZIP

TITLE TD
 NAME KURTZ, KEVIN R ☒ Delete
 STREET ADDRESS 502 SOUTH WILLOW AVE. #8
 CITY-ST-ZIP TAMPA FL 33606

TITLE Gloria Mazzara ☐ Change ☒ Addition
 NAME 502 S. Willow Ave., #10
 STREET ADDRESS Tampa, FL 33606
 CITY-ST-ZIP

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ 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:

Joanne Rock REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/01

Date

813.948.6823

Daytime Phone #

CR2E037 (10/00)