

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90031 036 ****61.25

DOCUMENT # N97000004211

1. Entity Name

WILLOUGHBY BUSINESS PARK PROPERTY OWNERS ASSOCIA

Principal Place of Business

C/O RICCA & WHITMIRE, PA
 2506 SE WILLOUGHBY BLVD
 STUART FL 34994
 US

Mailing Address

C/O RICCA & WHITMIRE, PA
 2506 SE WILLOUGHBY BLVD
 STUART FL 34994
 US

2. Principal Place of Business

2500 SE WILLOUGHBY BLVD
 Suite, Apt. #, etc.

3. Mailing Address

2500 SE WILLOUGHBY BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
STUART FL

City & State
STUART FL

4. FEI Number
65-0945929

Applied For
 Not Applicable

Zip
34994
 Country
MARTIN

Zip
34994
 Country
MARTIN

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PURINO, ALBERT T
2506 SE WILLOUGHBY BLVD
STUART FL 34994

7. Name and Address of New Registered Agent

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]

ALBERT T. PURINO

4/10/01

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PTD
POMA, FRANK
2506 SE WILLOUGHBY BLVD
STUART FL 34994 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPST
PURINO, ALBERT T
2506 SE WILLOUGHBY BLVD
STUART FL 34994 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
POMA, KIMBERLY A
2506 SE WILLOUGHBY BLVD
STUART FL 34994 ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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:

[Signature]
ALBERT T. PURINO

4/10/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)