2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90046 035 ****61.25

DOCUMENT # N99000002188

1. Entity Name

ARBOR TERRACE PROFESSIONAL PARK CONDOMINIUM ASSO

Principal Place of Business	Mailing Address
16110 N. FLORIDA AVE. LUTZ FL 33549	16110 N. FLORIDA AVE. LUTZ FL 33549-6129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3040 W. Bearss Ave.	3040 W. Bearss Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number: 65-0912927 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WESTFALL, JOHN
16110 N. FLORIDA AVE.
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name: Westfall, John W.
Street Address (P.O. Box Number is Not Acceptable): 3040 W. Bearss Ave.
City: Tampa, FL Zip Code: 33618

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 _____ 4/13/00
Signature, typed or printed name of registered agent and title if applicable: John W. Westfall (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	DP WESTFALL, JOHN PO BOX 822 LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P Westfall, John W. 3040 W. Bearss Ave. Tampa, FL 33618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MYERS, STEVE 115 W. BEARSS AVE. TAMPA FL 33613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Maya, Julio 6265 6265 E. Fowler Ave. Temple Terrace,FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WESTFALL, CAROL PO BOX 822 LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gonzalez, Enrico G. 6255 E. Fowler Ave. Temple Terrace, 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bustamante, Jose 6275 E. Fowler Ave. Temple Terrace, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Buffington, Daniel E. 6285 E. Fowler Ave. Temple Terrace, FL 33617	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 REQUIRED 4/13/00 813-962-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #