

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 12, 2001 8:00 am
Secretary of State

0059742

DOCUMENT # N99000002188

1. Entity Name

ARBOR TERRACE PROFESSIONAL OFFICE PARK, CONDOMIN

03-12-2001 90472 001 ****61.25

Principal Place of Business

Mailing Address

**3040 W BEARSS AVE
TAMPA FL 33618
US****3040 W BEARSS AVE
TAMPA FL 33618
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0912927

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WESTFALL, JOHN
3040 W BEARSS AVE
TAMPA FL 33618**

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	DP WESTFALL, JOHN 3040 W BEARSS AVE TAMPA FL 33618	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYA, JULIO 6265 E FOWLER AVE TEMPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, ENRICO G 6255 E FOWLER AVE TEMPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTAMANTE, JOSE 6275 E FOWLER AVE TEMPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUFFINGTON, DANIEL E 6285 E FOWLER AVE TEMPLE TERRACE FL 33617	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D	☒ 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:**ENRICO G. GONZALEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/1/01**

Date

813-980-6302

Daytime Phone #

CR2E037 (10/00)