

# 2000 UNIFORM BUSINESS REPORT (UBR)

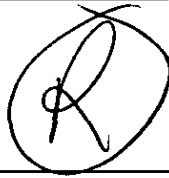
**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

09-08-2000 90006 015 \*\*\*\*61.25

**DOCUMENT # N99000004724**

1. Entity Name

**THE OLD PALM HARBOR PARTNERSHIP, INC.**



Principal Place of Business

4015 OMAHA CIRCLE  
 PALM HARBOR FL 34683

Mailing Address

POST OFFICE BOX 898  
 PALM HARBOR FL 34682-0898

2. Principal Place of Business

**1500 16TH STREET**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM HARBOR, FL**

City & State

Zip **34683**

Country **US**

Zip

Country

4. FEI Number

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

**BLENNER, WALTER W**  
**2708 ALTERNATE 19 NORTH**  
**SUITE 701**  
**PALM HARBOR FL 34683**

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**  
**After September 13, 2000 min. will be \$236.25**

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 **PD**  Delete  
 NAME **JONES, CHARLES**  
 STREET ADDRESS **911 MANNING ROAD**  
 CITY-ST-ZIP **PALM HARBOR FL 34683-6344**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **MCNAMEE, CAROL**  
 STREET ADDRESS **226 WESTWINDS DRIVE, WEST**  
 CITY-ST-ZIP **PALM HARBOR FL 34683-1038**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **HURT, DONALD**  
 STREET ADDRESS **1374 INDIAN TRAIL, NORTH**  
 CITY-ST-ZIP **PALM HARBOR FL 34683-2808**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **MATTHEWS, ALDEN**  
 STREET ADDRESS **1334 MICHIGAN AVENUE**  
 CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-5-00 785-1652**

CR2E037 (5/00)