

# 2000 UNIFORM BUSINESS REPORT (UBR)

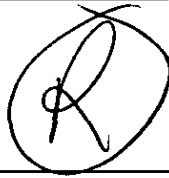
**FILED**  
**Sep 08, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # N99000004724**

1. Entity Name

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



Principal Place of Business

Mailing Address

4015 OMAHA CIRCLE  
 PALM HARBOR FL 34683

POST OFFICE BOX 898  
 PALM HARBOR FL 34682-0898

2. Principal Place of Business

3. Mailing Address

1500 16TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip

34683

Country

US

Zip

Country

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  
 NAME: JONES, CHARLES  Delete  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Signature* 9-5-00 785-1652

CR2E037 (5/00)