

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060037

1. Entity Name

17TH STREET APARTMENTS, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90168 030 ***150.00

Principal Place of Business

201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602
US

Mailing Address

P.O. BOX 273913
TAMPA FL 33688-3913
US

2. Principal Place of Business

3. Mailing Address

313 South Riverhills Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip

Country

Zip

33617

Country

USA

4. FEI Number

59-3271435

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SZABO, STEPHEN J III
201 N. FRANKLIN ST.
SUITE 2100
TAMPA FL 33602

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME SZABO, PAMELA W.
STREET ADDRESS 12108 CYPRESS HOLLOW PLACE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

TITLE PD
NAME SZABO, STEPHEN J
STREET ADDRESS 16201 AVILA BLVD.
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

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

TITLE SD
NAME SZABO, JEANETTE M
STREET ADDRESS 16201 AVILA BLVD.
CITY-ST-ZIP TAMPA FL 33613 ☐ Delete

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

TITLE VD
NAME SZABO, DOUGLAS B
STREET ADDRESS 1715 MONROE ST.
CITY-ST-ZIP FT. MYERS FL ☐ Delete

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

TITLE VD
NAME SZABO, STEPHEN J III
STREET ADDRESS 12108 CYPRESS HOLLOW PLACE
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

TITLE TD
NAME SZABO, MARK A
STREET ADDRESS 14508 ANCHORET RD
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

3-31-00

Date

8132021329

Daytime Phone #

CR2E034 (9/99)