

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000981

1. Entity Name

BEARSS POINTE PROFESSIONAL PARK OWNERS ASSOCIATI

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90046 034 ****61.25

Principal Place of Business

Mailing Address

16110 NORTH FLORIDA AVENUE
LUTZ FL 33549

16110 NORTH FLORIDA AVENUE
LUTZ FL 33549-6129

2. Principal Place of Business

3040 W. Bearss Ave.

3. Mailing Address

3040 W. Bearss Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
65-0897571

Applied For
Not Applicable

Zip
33618

Country
USA

Zip
33618

Country
USA

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

WESTFALL, JOHN
16110 NORTH FLORID AVENUE
LUTZ FL 33549

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 John W. Westfall 4/13/00
(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 PSTD ☐ Delete
NAME WESTFALL, JOHN W
STREET ADDRESS 16110 NORTH FLORIDA AVENUE
CITY-ST-ZIP LUTZ FL 33549

TITLE P/S/T/D ☒ Change ☐ Addition
NAME Westfall, John W.
STREET ADDRESS 3040 W. Bearss Ave.
CITY-ST-ZIP Tampa, FL 33618

TITLE D ☒ Delete
NAME WESTFALL, CAROL
STREET ADDRESS 16110 NORTH FLORIDA AVENUE
CITY-ST-ZIP LUTZ FL 33549

TITLE D ☐ Change ☒ Addition
NAME Everton, Chip
STREET ADDRESS 3046 W. Bearss Ave.
CITY-ST-ZIP Tampa, FL 33618

TITLE D ☒ Delete
NAME MYERS, STEVEN L
STREET ADDRESS 115 W. BEARSS AVENUE
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Change ☒ Addition
NAME Fechtel, Jay
STREET ADDRESS 3036 W. Bearss Ave.
CITY-ST-ZIP Tampa, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Cahn, Devin
STREET ADDRESS 3032 W. Bearss Ave.
CITY-ST-ZIP Tampa, FL 33618

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: John W. Westfall 4/13/00 813-962-6544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #