

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763159

1. Entity Name ✓

30TH STREET PROFESSIONAL BUILDING CONDOMINIUM AS

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90197 038 ****61.25

Principal Place of Business
4600 N. HABANA AVENUE
STE. 35
TAMPA FL 33614-7123

Mailing Address
4600 N. HABANA AVENUE
STE. 35
TAMPA FL 33614-7123

626013

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-3103906
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLEASE NOTE CHANGE OF ADDRESS

COHEN, LAWRENCE S
4600 NORTH HABANA AVENUE
STE. 35
TAMPA FL 33614-7123

Lawrence S. Cohen MDPA
13615 Bruce B. Downs Blvd #111
Tampa, Florida 33613-4658

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]
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAND, CHERYL 6457 MCGAULEY TRAIL W. EDINA MN 55439- ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COHEN, LAWRENCE S. 4600 N. HABANA AVENUE TAMPA FL 33614-7123 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGSBY, ROBERT E RT #3 MAYO FL 32066 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOLDSTEIN, BERNARD 13615 BRUCE B. DOWNS BLVD., SUITE 112 TAMPA FL 33613 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COHEN, BETTY S 2623 N. DUNDEE STREET TAMPA FL 33629 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAND, FRANK 6457 MCGAULEY TRAIL W. EDINA MN 55439- ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 271 Orlando Ave So Orlando, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition Cardiology Center of Tampa Dr Mario Canada 13701 Bruce B Downs Blvd Ste 101 Tampa, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 271 Orlando Ave So. Orlando, FL 32789

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/00