

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001407

**Entity Name:** NEBRASKA BUSINESS CENTER II OWNERS ASSOCIATION, INC.

**FILED  
Apr 19, 2019  
Secretary of State  
8730494589CC**

**Current Principal Place of Business:**

13759 N. NEBRASKA AVE.  
TAMPA, FL 33613

**Current Mailing Address:**

P.O. BOX 290624  
TEMPLE TERRACE, FL 33687

**FEI Number: 33-1203078**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JACKSON, STANLEY H SR.  
13759 N. NEBRASKA AVE.  
TAMPA, FL 33613 US

*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: STANLEY JACKSON SR**

**04/19/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JACKSON, SR., STANLEY H  
Address        13759 N. NEBRASKA AVE.  
City-State-Zip: TAMPS FL 33613

Title            VP  
Name            BLACKSHAW, MICHAEL  
Address        13759 N. NEBRASKA AVE.  
City-State-Zip: TAMPA FL 33613

Title            SECRETARY  
Name            SCHMIDT, RODNEY  
Address        13759 N. NEBRASKA AVE.  
City-State-Zip: TAMPA FL 33613

Title            TREASURER  
Name            CIRELLO, ROB  
Address        13759 N NEBRASKA AVE  
City-State-Zip: TAMPA FL 33613

Title            DIRECTOR  
Name            KREKORIAN, MARK  
Address        13759 N NEBRASKA AVE  
City-State-Zip: TAMPA FL 33613

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JACKSON, SR. , STANLEY H**

**PRESIDENT**

**04/19/2019**

Electronic Signature of Signing Officer/Director Detail

Date