## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 24, 2001 8:00 am Secretary of State **DOCUMENT # 728930** 1. Entity Name CARDINAL PROFESSIONAL CENTER ASSOCIATION. INC. 01-24-2001 90086 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 3003 CARDINAL DRIVE, SUITE C 3003 CARDINAL DRIVE. SUITE C VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1526120 Not Applicable Country Zip Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CASALINO, GREGG M 3111 CARDINAL DR VERO BEACH FL 32963 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **FEE IS \$61.25** Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE ☐ Delete TITI F MCCORMACK, W J NAME NAME STREET ADDRESS 3003 CARDINAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 00000 PD ☐ Addition Delete Change TITLE HEDIN, KARL NAME 3003 CARDINAL DRIVE STREET ADDRESS CITY-ST-7IP VERO BEACH FL CITY-ST-ZIP SD ☐ Addition ☐ Change TITLE □ Delete TITLE NAME OFFUTT, HARRY NAME STREET ADDRESS STREET ADDRESS 3003 CARDINAL DRIVE CITY-ST-ZIP CITY-ST-ZIP VERO BCH, FL 00000 □ Delete Change Addition owen, Steve NAME NAME 3003 CArdinal Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Vero Bch, Fl 32963 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE NAME

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 of suppliemental 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 of the corporation of the corporation or the receiver of the corporation of the co changed, or on an attachp

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #