## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 27, 2002 8:00 am Secretary of State **DOCUMENT # 728930** 1. Entity Name CARDINAL PROFESSIONAL CENTER ASSOCIATION, INC. 02-27-2002 90076 025 \*\*\*\*61.25 Mailing Address Principal Place of Business 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 Applied For City & State 4. FEI Number City & State 59-1526120 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. 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 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TD ☐ Addition ☐ Change ☐ Delete TITLE TITLE MCCORMACK, W J NAME NAME 3003 CARDINAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH, FL 00000 CITY-ST-ZIP PD Change ☐ Addition TITLE Delete NAME Owen, Steve NAME STREET ADDRESS 3003 CARDINAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP vero beach fl ☐ Change Addition ☐ Delete TITLE TITLE OFFUTT, HARRY NAME NAME STREET ADDRESS 3003 CARDINAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VERO BCH, FL 00000 Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition

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 eport 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 any owered.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-ST-ZIP

2/14/027122312100