

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB -3 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0098247

DOCUMENT # 762230

1. Entity Name

PARKWAY PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3820 STATE STREET  
SANTA BARBARA CA 93105

Mailing Address

C/O MARY Y. YUMIBE  
3820 STATE STREET  
SANTA BARBARA CA 93105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2371461

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Conni Bryan

2-3-03

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P  
NAME STEIGMAN, DONALD S ☐ Delete  
STREET ADDRESS 500 W. CYPRESS CREEK RD.  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900012392289  
CITY-ST-ZIP 02/12/03--01073--005 \*\*\$61.25

TITLE DS  
NAME SILVER, RICHARD B ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME DENT, DENNIS L ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME ROTHBERG, KAREN S ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME LARSEN, CAITLIN M ☐ Delete  
STREET ADDRESS 3820 STATE STREET  
CITY-ST-ZIP SANTA BARBARA CA 93105

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: [Signature]

1/29/03

CR2E037 (10/02)