

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 763159**

1. Entity Name

30TH STREET PROFESSIONAL BUILDING CONDOMINIUM AS

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3103906

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

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

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 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, 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 or on an attachment with an address, with all other like empowered.

DE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90018 048 ****61.25



DO NOT WRITE IN THIS SPACE

1/27/00