

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001571**

1. Entity Name

**LANDMARK OFFICE ASSOCIATES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 22 AM 10:21

Principal Place of Business

**4805 W. LAUREL ST.  
SUITE 230  
TAMPA FL 33607**

Mailing Address

**4805 W. LAUREL ST.  
SUITE 230  
TAMPA FL 33629-0563**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**912 E. Bloomingdale Ave  
Suite A**

3. Mailing Address

**P.O. Box 26563**

City & State

**Tampa Florida**

City & State

**Tampa Florida**

4. FEI Number

**11-3289017**

Applied For

Not Applicable

Zip

**33511**

Country

**Hillsborough**

Zip

**33623-6563**

Country

**Hillsborough**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAYDEN, FRANK R  
% COMMERCIAL ASSET MANAGERS, INC.  
4805 W. LAUREL ST. SUITE 230  
TAMPA FL 33607**

7. Name and Address of New Registered Agent

**Name  
Frank R. Hayden  
Street Address (P.O. Box Number is Not Acceptable)  
912 Commercial Asset Managers, Inc.  
912 E. Bloomingdale Ave.  
City Tampa FL Zip Code 33511**

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]**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/2000**

9. Capital Contributions  
as Shown on record.

**\$29,700.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000079173**  
NAME **B.J.M. OF CAROLWOOD CORP.**  
STREET ADDRESS **8801 BISCAYNE BLVD., SUITE 101**  
CITY - ST - ZIP **MIAMI FL 33138**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**6000003170106-1  
-03/15/00 --01005--001  
\*\*\*\*296.65 \*\*\*\*296.65**

STREET ADDRESS

CITY - ST - ZIP

**inf 2/29/00**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2/12/00**

CR2E003 (9/99)