

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000004512****1. Entity Name****TYRONE PARK PROPERTY ASSOCIATES, LLC****Principal Place of Business**877 EXECUTIVE CENTER DRIVE W., STE. 303
GLADES BLDG.
ST. PETERSBURG FL
33702**Mailing Address**877 EXECUTIVE CENTER DRIVE W., STE. 303
GLADES BLDG.
ST. PETERSBURG FL
33702**2. Principal Place of Business**

475 CENTRAL AVENUE

3. Mailing Address

C/O ERNEST L. MASCARA, P.A.

Suite, Apt. #, etc.

KRESS BLDG., SUITE M-8

Suite, Apt. #, etc.

475 CENTRAL AVENUE, SUITE M-8

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number**59-3639308**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
877 EXECUTIVE CENTER DRIVE W., STE. 303
GLADES BLDG.
ST. PETERSBURG FL
33702**7. Name and Address of New Registered Agent**

Name

MASCARA ERNEST L

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

475 CENTRAL AVENUE

GLADES BLDG., SUITE M-8

City

ST. PETERSBURG

FL

Zip Code

33701

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 **ERNEST L. MASCARA****03/01/2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MASCARA ERNEST L	
STREET ADDRESS	877 EXECUTIVE CENTER DRIVE W., STE. 303	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LODER MATTHEW	
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M-8	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKLAUS H. GREGG	
STREET ADDRESS	475 CENTRAL AVENUE, SUITE M-8	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**SIGNATURE: H. GREGG NICKLAUS****MGR****03/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)