

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M85819

1. Entity Name

EAST TAMPA PROPERTIES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90020 014 ***150.00

Principal Place of Business

Mailing Address

550 N. REO ST
SUITE #300
TAMPA FL 33609

260 FRANKLIN ST
SUITE 1840
BOSTON MA 02110-3115

2. Principal Place of Business

3. Mailing Address

260 Franklin Street
Suite, Apt. #, etc.
#1840

Suite, Apt. #, etc.

City & State

City & State

Boston MA

Zip

Country

Zip

Country

02110

4. FEI Number 59-2901848

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

INTRASTATE REGISTERED AGENT CORP
701 BRICKELL AVE
MIAMI FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete
NAME VINTIADIS, POLYUIOS C
STREET ADDRESS 2 PICKWICK PLAZA, 4TH FLOOR
CITY-ST-ZIP GREENWICH CT 06830

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

TITLE VP ☐ Delete
NAME ROSS, D. SCOTT
STREET ADDRESS 260 FRANKLIN ST., SUITE 1840
CITY-ST-ZIP BOSTON MA 02110

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D. Scott Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/00

417-439-9077

CR2E014 (3/9/00)