

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/2:

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90164 015 \*\*\*\*\*61.25

**DOCUMENT # N00000001229**

1. Entity Name

**ANCLOTE INDUSTRIAL PARK PROPERTY OWNERS ASSOCIAT**

Principal Place of Business

3302 ALTERNATE 19 NORTH  
 PALM HARBOR FL 34683

Mailing Address

3302 ALTERNATE 19 NORTH  
 PALM HARBOR FL 34683

2. Principal Place of Business

**1827 Industrial Blvd.**

Suite, Apt. #, etc.

3. Mailing Address

**1827 Industrial Blvd.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Tarpon Springs, FL**

Zip

**34689**

Country

**USA**

City & State

**Tarpon Springs, FL**

Zip

**34689**

Country

**USA**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**WIKLE, PAUL J**  
**3302 ALTERNATE 19 NORTH**  
**PALM HARBOR FL 34683**

7. Name and Address of New Registered Agent

Name **D. Travis MacGregor**

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

**1827 Industrial Blvd.**

City

**Tarpon Springs**

FL

Zip Code

**34689**

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

**11/9/01**

**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	PSD	<input checked="" type="checkbox"/> Delete
NAME	WIKLE, PAUL J	
STREET ADDRESS	3302 ALTERNATE 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VARNER, RAYMOND M	
STREET ADDRESS	P O BOX 643	
CITY-ST-ZIP	TARPOON SPRINGS FL 34683	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, MELODY S	
STREET ADDRESS	3302 ALTERNATE 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34683	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pres. Edward Bash	
STREET ADDRESS	P.O. Box 430	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V. Pres. D. Travis MacGregor	
STREET ADDRESS	1827 Industrial Blvd.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sec./Treas. Jill N. MacGregor	
STREET ADDRESS	1827 Industrial Blvd.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
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		

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]* / **Jill N. MacGregor**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/01** **727-934-1622**  
 Date Daytime Phone #

CR2E037 (10/00)