2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2005 8:00 am Secretary of State

DOCUMENT # N0000006948 1. Entity Name UNIVERSITY COVE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.									04-26-2005	90137 0	24 ****6	1.25
Principal Place of Business 16630 NORTH DALE MABRY HWY 16630 NORTH DALE MABRY HWY TAMPA, FL 33618-1400 TAMPA, FL 33618-1400						WY		_		L IR ÚC IID E IRI	a (81)) altal <u>(</u> 81)	II O Í AI H O AÍ
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04052005 C	hg-NP	CR2E037	(10/03)	
City & State			City & State					4. FEI Number Applied For 59-3694193 Not Applied For				
Zip	Zip Country		Zip		Соц	Country		5. Certificate of St	atus Desired		8.75 Addi ee Required	
· ·	6. Name	and Address of Current I	Registere	d Agent		ļ <u> </u>		7. Name and Add	ress of New Reg	istered A	ent	
WESTFALL, JOHN 16630 N. DALE MABRY HIGHWAY						Name Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, F		į.										
							City Zip Code			<u> </u>		
		. \$3									<u> </u>	
	named entity ions of registe	submits this statement for ered agent.	r the purpo	ose of changing its	registere	ea onice or	register	ed agent, or both, in	the State of Hone	oa. Iam ta	miliar with, a	ind accept
SIGNATURE		· 💒										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required v								when reinstating)		DATE		. :]
Filing Fee is \$61.25 Due by May 1, 2005				Election Campaign Fir Trust Fund Contributio			\$5.00 May Be Added to Fees Florida Department of State			ALCOHOL TO COMPANY OF		
10. OFFICERS AND DIRE				Trust Fund C	OHUBUL	JOI 1.		Added to Fees	\$150 ent	the control of the co	1,3772331	ite :
10.		OFFICERS AND DIE	RECTORS	Trust Fund C	11.			Added to Fees	Florid	a Departr	nent of St	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	WESTFAL 16630 N. D TAMPA, FI	OFFICERS AND DIF L, JOHN W DALE MABRY HIGHWA		XI Deleta	11. TITLE NAM STRE CITY	E LE LET ADDRESS '-ST-ZIP	PD CHC	Added to Fees DDITIONS/CHANG	Fiorid ES TO OFFICERS SHAUKAT	a Departr S AND DIRE C, DR	ent of Street of Change Change	10 (3) Addition FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WESTFAL 16630 N. D TAMPA, FI VD	OFFICERS AND DIF L, JOHN W DALE MABRY HIGHWA L 33618			11. TITLE NAM STRE CITY	E LE EET ADDRESS '-ST-ZIP	PD CHC	Added to Fees DDITIONS/CHANG	Fiorid ES TO OFFICERS SHAUKAT	a Departr S AND DIRE C, DR	CTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WESTFALI 16630 N. D TAMPA, FI VD BARNETT,	OFFICERS AND DIF L, JOHN W DALE MABRY HIGHWA L 33618		XI Deleta	11. TITLE NAM STRE CITY TITLE	E LE	PD CHC	Added to Fees DDITIONS/CHANG	Fiorid ES TO OFFICERS SHAUKAT	a Departr S AND DIRE C, DR	ent of Street of Change Change	10 (3) Addition FL 33613
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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 charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

OR. PHMED SATRAWAY

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

(813)962-6544

Change

☐ Addition

Daytime Phone #