

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008081

FILED
Jan 11, 2002 8:00 AM
Secretary of State

Entity Name: MILLHOPPER OFFICE PARK ASSOCIATION, INC.

Current Principal Place of Business:

5800 NW 39TH AVE.
GAINESVILLE, FL 32606

New Principal Place of Business:

5800 NW 39TH AVE
STE 101
GAINESVILLE, FL 326066972 US

Current Mailing Address:

5800 NW 39TH AVE.
GAINESVILLE, FL 32606

New Mailing Address:

5800 NW 39TH AVE
STE 101
GAINESVILLE, FL 326066972 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROBINSON, THOMAS A
5800 NW 39TH AVE.
GAINESVILLE, FL 32606

Name and Address of New Registered Agent:

ROBINSON, THOMAS A
5800 NW 39TH AVE
STE 101
GAINESVILLE, FL 326066972 US

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: _____

01/11/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: HALL, RICHARD L
Address: 4061 NW 43RD ST., STE. 16
City-St-Zip: GAINESVILLE, FL 32606

Title: DV () Delete
Name: MOTT, BONNIE
Address: 4061 NW 43RD ST., STE. 16
City-St-Zip: GAINESVILLE, FL 32606

Title: DP () Delete
Name: ROBINSON, THOMAS A
Address: 5800 NW 39TH AVE.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change () Addition
Name: HALL, RICHARD L
Address: 4061 NW 43RD ST. STE 16
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DV (X) Change () Addition
Name: MOTT, BONNIE
Address: 4061 NW 43RD ST. STE. 16
City-St-Zip: GAINESVILLE, FL 32606 US

Title: DP (X) Change () Addition
Name: ROBINSON, THOMAS A
Address: 5800 NW 39TH AVE STE 101
City-St-Zip: GAINESVILLE, FL 326066972 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. ROBINSON

DP

01/11/2002

Electronic Signature of Signing Officer or Director

Date