

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90069 018 ****61.25

DOCUMENT # N04954

1. Entity Name

FLOYD STREET PROFESSIONAL BUILDING UNIT OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1961 FLOYD ST.
 SUITE A
 SARASOTA FL 34239

1961 FLOYD ST.
 SUITE A
 SARASOTA FL 34239

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1590885

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERSTEIN, HERBERT
1961 FLOYD STREET
SARASOTA FL 34239

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD SILVERSTEIN, HERBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1961 FLOYD ST. SUITE A	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	STD MALKIN, RICHARD B.	<input type="checkbox"/> Delete
STREET ADDRESS	1961 FLOYD ST. SUITE B	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	PD SILVERSTEIN, HERBERT	<input type="checkbox"/> Delete
STREET ADDRESS	1961 FLOYD ST. SUITE D	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME	VD CORBETT, W. DAVID	<input type="checkbox"/> Delete
STREET ADDRESS	1961 FLOYD ST. SUITE C	
CITY-ST-ZIP	SARASOTA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SILVERSTEIN **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

941-3669222

Date

Daytime Phone #

CR2E037 (9/01)