

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90018 020 \*\*\*\*61.25

DOCUMENT #

N05204 ✓

1. Corporation Name

Building Owners & Managers Association  
of Florida, Inc.

Principal Place of Business

00 North Ashley Drive  
Suite 1950  
Tampa, FL 33602-4317

Mailing Address

400 North Ashley Drive  
Suite 1950  
Tampa, FL 33602-4317



\* 5 85394 5 3 9 20 4 \*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2441518	
2 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Levin, Charles J., Esquire 400 North Ashley Drive Suite 1950 Tampa, FL 33602-4317				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bert Locke, Jr.	1.2 NAME	
STREET ADDRESS	2301 Maitland Center Pkwy. #160	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Maitland, FL 32751	1.4 CITY-STATE-ZIP	
TITLE	Vice President/Director <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Laney	2.2 NAME	
STREET ADDRESS	317 S. North Lake Blvd., #100	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Altamonte Springs, FL 32701	2.4 CITY-STATE-ZIP	
TITLE	Treasurer/Director <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher H. Prather	3.2 NAME	
STREET ADDRESS	100 N. Tampa Street, #3160	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Tampa, FL 33602	3.4 CITY-STATE-ZIP	
TITLE	Secretary/Director <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John K. Scott	4.2 NAME	
STREET ADDRESS	5200 Blue Lagoon Dr., #400	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Miami, FL 33126	4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTOPHER H. PRATHER

1 Jun 99

813 221 7195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)