

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90072 027 ****61.25

DOCUMENT # N05204 1. Entity Name BUILDING OWNERS AND MANAGERS ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 400 NORTH ASHLEY SUITE #1950 TAMPA, FL 33602-4317 US			Mailing Address 400 NORTH ASHLEY SUITE #1950 TAMPA, FL 33602-4317 US		
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 59-2441518	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVIN, CHARLES J ESQUIRE 400 NORTH ASHLEY SUITE #1950 TAMPA, FL 33602-4317			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	IPPD	<input checked="" type="checkbox"/> Delete	TITLE	IPPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCKE, BERT JR		NAME	PRATHER, CHRISTOPHER H	
STREET ADDRESS	101 E KENNEDY BLVD STE 4025		STREET ADDRESS	101 E. KENNEDY BLVD, STE 4025	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	TAMPA FL 33602	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JOHN K		NAME		
STREET ADDRESS	5200 BLUE LAGOON DR 400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAVER, RICK		NAME		
STREET ADDRESS	3621 ST AUGUSTINE RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, SANDY		NAME		
STREET ADDRESS	601 N. ASHLEY DRIVE STE 1200		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, MURRAY S		NAME		
STREET ADDRESS	601 BRICKELL KEY DRIVE STE 101		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK, BEAVER		NAME		
STREET ADDRESS	3621 ST AUGUSTINE RD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		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: _____			Date 1.5.04 Daytime Phone # 904 396 5353		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					