

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90265 004 ****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

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEVIN, CHARLES J ESQUIRE
400 NORTH ASHLEY
SUITE #1950
TAMPA FL 33602-4317**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **IPPD** ☐ Delete
NAME **LOCKE, BERT JR**
STREET ADDRESS **2301 MAITLAND CENTER PKWY #160**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **IPPD** ☒ Change ☐ Addition
NAME **PRATHER, CHRISTOPHER H**
STREET ADDRESS **101 E. KENNEDY BLVD STE 4025**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **SD** ☒ Delete
NAME **REICHENBACH, KARON**
STREET ADDRESS **12150 DEERWOOD PARK BLVD. #400 STE 100**
CITY-ST-ZIP **JACKSONVILLE, FL 32256-7168**

TITLE **PD** ☒ Change ☐ Addition
NAME **SCOTT, JOHN K**
STREET ADDRESS **5200 BLUE LAGOON DR #400**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **PD** ☐ Delete
NAME **PRATHER, CHRISTOPHER H**
STREET ADDRESS **101 E KENNEDY BLVD**
CITY-ST-ZIP **TAMPA FL 33602**

TITLE **VPD** ☒ Change ☐ Addition
NAME **GREENE, MURRAY S**
STREET ADDRESS **601 BRICKELL KEY DRIVE STE 101**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **VPD** ☐ Delete
NAME **SCOTT, JOHN K**
STREET ADDRESS **5200 BLUE LAGOON DR #400**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **TD** ☒ Change ☐ Addition
NAME **BEAVER, RICK**
STREET ADDRESS **3621 ST. AUGUSTINE RD**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **TD** ☐ Delete
NAME **GREENE, MURRAY S**
STREET ADDRESS **601 BRICKELL KEY DRIVE STE 101**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **SD** ☐ Change ☒ Addition
NAME **MCKEE, SANDY**
STREET ADDRESS **601 N. ASHLEY DRIVE STE 1200**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **SD** ☐ Delete
NAME **RICK, BEAVER**
STREET ADDRESS **3621 ST AUGUSTINE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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:

SANDY MCKEE / SECRETARY

1/21/03

813-225-1141

CR2E037 (10/02)