# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 18, 2000 8:00 am**
**Secretary of State**
05-18-2000 90377 040 ****61.25

DOCUMENT # N09968

1. Entity Name

TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 401 E. JACKSON STREET<br>SUITE 2310<br>TAMPA FL 33602 | 3003 TAMIAMI TRAIL NORTH<br>SUITE 400<br>NAPLES FL 34103-2714<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2777936 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FLORA, TERRY L.<br>3003 TAMIAMI TRAIL NORTH<br>STE 400<br>NAPLES FL 33940 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code 34103 |

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 / STREET ADDRESS / CITY-ST-ZIP | PD<br>BIRR, JEFFREY<br>3003 TAMIAMI TRAIL NORTH<br>NAPLES FL 33940 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Birr, Jeffrey M.<br>3003 Tamiami Trail N. Ste 400<br>Naples, FL 34103 | XX Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>KULPINSKI, RONALD W.<br>ONE STAMFORD FORUM<br>STAMFORD CT | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Utter, Patrick L.<br>3003 Tamiami Trail N. Ste 400<br>Naples, FL 34103 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CLEMENS, D<br>1 TAMPA CITY CENTRE, STE 2752<br>TAMPA FL 33602 | XX Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ATD<br>Corina, Robert D.<br>3003 Tamiami Trail N. Ste 400<br>Naples, FL 34103 | ☐ Change XX Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CARTER, JON<br>1 EAST TELECOM PARKWAY<br>TAMPA FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WILDE, GINA R.<br>3003 NORTH TAMIAMI TRAIL<br>NAPLES FL | XX Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AT<br>O'CONNOR, JOHN D<br>3003 TAMIAMI TRAIL NORTH, #400<br>NAPLES FL 34103 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>O'Connor, John D.<br>3003 Tamiami Trail N, Ste 400<br>Naples, FL 34103 | XX Change ☐ Addition |

CR2E037 (9/99)

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:** John D. O'Connor SIGNATURE REQUIRED John D. O'Connor 4/20/00 941-261-4465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #