

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90359 046 ****61.25

DOCUMENT # N09968

1. Entity Name

TAMPA TELECOM PARK OWNERS ASSOCIATION, INC.



Principal Place of Business

**3003 9TH STREET NORTH
SUITE 400
NAPLES FL 34103**

Mailing Address

**3003 TAMiami TRAIL NORTH
SUITE 400
NAPLES FL 34103
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 **59-2777936**

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.
3003 TAMiami TRAIL NORTH
STE 400
NAPLES FL 33940**

Name

UTTER, PATRICK L.

Street Address (P.O. Box Number is Not Acceptable)

3003 TAMiami TRAIL NORTH, STE 400

City

NAPLES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-03

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 **PD** ☐ Delete
NAME **BIRN, JEFFREY**
STREET ADDRESS **3003 TAMIAM TRAIL N, STE 400**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **KULPINSKI, RONALD W.**
STREET ADDRESS **ONE STAMFORD FORUM**
CITY-ST-ZIP **STAMFORD CT**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **UTTER, PATRICK L**
STREET ADDRESS **3003 TAMIAM TRAIL N, STE 400**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **CORINA, ROBERT D**
STREET ADDRESS **3003 TAMIAM TRAIL N, STE 400**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **V/T/D** ☒ Change ☐ Addition
NAME **CORINA, ROBERT J.**
STREET ADDRESS **3003 TAMiami TRAIL N, STE 400**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Patrick L. Utter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03

Date

Daytime Phone #

CR2E037 (10/02)