

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **N11607** ✓

1. Corporation Name

INDUSTRIAL PLAZA BUSINESS CENTER OWNER'S ASSOCIATION, INC.

Principal Place of Business

**2820 F INDUSTRIAL PLAZA DR.
TALLAHASSEE FL 32301**

Mailing Address

**2820 F INDUSTRIAL PLAZA DR.
TALLAHASSEE FL 32301**

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

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2. Principal Place of Business 21 2818-A Industrial Plaza Dr Suite, Apt. #, etc.		2a. Mailing Address 26 2818-A Industrial Plaza Dr Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/15/1985	
22 City & State 23 Tallahassee FL		27 City & State 28 Tallahassee FL		4. FBI Number NOT APPLICABLE	
24 Zip 32301 25 Country		29 Zip 32301 30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent RICHARDS, STEVEN R CPA 403 N. CALHOUN STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

**RICHARDS, STEVEN R CPA
403 N. CALHOUN STREET
TALLAHASSEE FL 32301**

**2851 Remington Green Cir., Suite B
Tallahassee, FL 32308**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODZIONY, DALE	1.2 NAME	
STREET ADDRESS	6301 S. WINDWOOD HILLS CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, BERNIE	2.2 NAME	
STREET ADDRESS	2820-A INDUSTRIAL PLAZA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, GUY	3.2 NAME	
STREET ADDRESS	2820 F IND. PLAZA DR	3.3 STREET ADDRESS	2818-A Industrial Plaza Dr.
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDS, STEVEN R	4.2 NAME	
STREET ADDRESS	403 N. CALHOUN STREET	4.3 STREET ADDRESS	2851 Remington Green Cir., Suite B
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

7/6/99 **850**
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