

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25654

1. Entity Name

Fountain Square Property Owners Association, Inc.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90951 024 ****61.25

100854

DO NOT WRITE IN THIS SPACE

Principal Place of Business
6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

Mailing Address
6200 Courtney Campbell Cswy
Suite 600
Tampa, FL 33607

2. Principal Place of Business
655 North Franklin Street

3. Mailing Address
655 North Franklin Street

Suite, Apt. #, etc.

Suite 2200

City & State
Tampa, FL

4. FEI Number
59-2886284

Applied For
Not Applicable

Zip
33602

Country
Hillsborough

Zip
33602

Country
Hillsborough

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

Welch, Gary E.
655 North Franklin Street
Suite 2200
Tampa, FL 33602

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.

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
P/D	Preusch, Barry W	4925 Independence Parkway	Tampa, FL 33634	☐
D/V	Löfgren, Robert	4925 Independence Parkway	Tampa, FL 33634	☐
D/T	Marshall, Gene E	4925 Independence Parkway	Tampa, FL 33634	☐
S	Welch, Gary E	6200 Courtney Campbell Cswy Ste 600	Tampa, FL 33607	☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.21.00

(813) 281-8888

CR2E037 (9/99)