

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31092

1. Entity Name

PARK DRIVE PROFESSIONAL CENTER OWNERS ASSOCIATIO

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90132 006 *****61.25

0054854

Principal Place of Business

C/O KAREN S KEATON
111 2ND AVENUE NE. STE 620
ST. PETERSBURG BEACH FL 33701
US

Mailing Address

BRT PROPERTIES
10595 NINA STREET
LARGO FL 33778
US

2. Principal Place of Business

3. Mailing Address

6805 Springhill Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Milton, FL

4. FEI Number

65-0126158

Applied For

Not Applicable

Zip

Country

Zip

Country

32570

SANTA ROSA

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

KEATON, KAREN S
111 2ND AVENUE NORTHEAST
STE 620
ST PETE FL 33701

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
BLOECHLE, JERRY G
10595 NINA STREET
LARGO FL 33778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6805 Springhill Rd.
Milton, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BLOECHLE, KAREN J
10595 NINA STREET
LARGO FL 33778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6805 Springhill Rd.
Milton, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEATON, KAREN S
111 2ND AVENUE NORTHEAST, STE 620
ST.PETERSBURG BCH FL 33701 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: *KAREN J BLOECHLE* 2/2/01 850-983-3499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)