

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90185 003 \*\*\*\*61.25

**DOCUMENT # N46921**

1. Entity Name

**1258 WEST BAY DRIVE OFFICE PARK ASSOCIATION, INC**

Principal Place of Business

**1258 WEST BAY DRIVE  
 LARGO FL 34640**

Mailing Address

**1258 WEST BAY DRIVE  
 LARGO FL 33770-2240  
 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

**59-3120497**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KERN, DAVID F  
 516 LAKEVIEW ROAD  
 BUILDING 3  
 CLEARWATER FL 34616**

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	Change	Addition
PD	HAICKEN, VIVIAN G	1258 WEST BAY DR., #E	LARGO FL	<input type="checkbox"/>	<input type="checkbox"/>
VD	HAICKEN, BARRY N	1258 WEST BAY DR. E.	LARGO FL	<input type="checkbox"/>	<input type="checkbox"/>
SD	HAICKEN, JEREMY	1258 WEST BAY DR. E.	LARGO FL	<input type="checkbox"/>	<input type="checkbox"/>
TD	HAICKEN, MATTHEW	1258 WEST BAY DR. E.	LARGO FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Vivian G Haicken*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-12-00

Date

Daytime Phone #

CD0507 (0/00)