

DOCUMENT # N50463

1. Entity Name

GEORGETOWN PROFESSIONAL OFFICE PARK, SECTION 1,

Principal Place of Business

12000 N DALE MABRY HWY
SUITE 212
TAMPA FL 33618

Mailing Address

850 STEPHENSON HIGHWAY
STE. 200
TROY MI 48063-1151

2. Principal Place of Business

3040 W. Bearss Ave.

Suite, Apt. #, etc.

3. Mailing Address

3040 W. Bearss Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-3185736

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROPKE, MICHAEL T
BARNETT PLAZA- STE. 2800
101 E. KENNEDY BLVD.
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Westfall, John W.
Street Address (P.O. Box Number is Not Acceptable)
3040 W. Bearss Ave.

City Tampa, FL Zip Code 33618

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
John W. Westfall

(NOTE: Registered Agent signature required when reinstating)

4/13/00

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

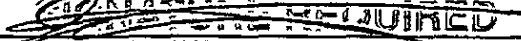
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAMONE, MICHAEL G 850 STEPHENSON HIGHWAY SUITE 200 TROY MI 48083	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDREW, DANIEL R 850 STEPHENSON HIGHWAY SUITE 200 TROY MI 48083	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAMONE, MICHAEL J 850 STEPHENSON HIGHWAY SUITE 200 TROY MI 48083	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S/T Westfall, John W. 3040 W. Bearss Ave. Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Westfall, Carol A. 3040 W. Bearss Ave. Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John P. Longmire, III 1309 W. Fletcher Ave. Tampa, FL 33612	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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
John W. Westfall

4/13/00 813-962-6544

Date

Daytime Phone #

5/4/00

CR2E037 (9/99)

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