

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000000699**

1. Entity Name

OTS PROPERTY OWNERS' ASSOCIATION, INC.**FILED**
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90998 005 ****70.00

Principal Place of Business

Mailing Address

**4830 W KENNEDY BLVD
SUITE 740
TAMPA FL 33609****4830 W KENNEDY BLVD
SUITE 740
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

4890 W. Kennedy Boulevard**4890 W. Kennedy Boulevard**Suite, Apt. #, etc.
Suite #850Suite, Apt. #, etc.
Suite #850City & State
Tampa, FloridaCity & State
Tampa, Florida

4. FEI Number

59-3168760

Applied For

Not Applicable

Zip **33609-1863**Country **USA**Zip **33609-1863**Country **USA**

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

**ROSS, SAMUEL K
4830 W KENNEDY BLVD
SUITE 74
TAMPA FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

4890 W. Kennedy Boulevard**Suite #850**

City

Tampa**FL**Zip Code
33609-1863

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
**DV
ROSS, SAMUEL K
4830 W KENNEDY BLVD SUITE 74
TAMPA FL 33609** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4890 W. Kennedy Blvd., #850
Tampa, Florida 33609-1863** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BRAY, JACK
4830 W KENNEDY BLVD SUITE 74
TAMPA FL 33609** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4890 W. Kennedy Blvd., #850
Tampa, Florida 33609-1863** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
GREEN, DANIEL
4830 W KENNEDY BLVD SUITE 74
TAMPA FL 33609** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4890 W. Kennedy Blvd., #850
Tampa, Florida 33609-1863** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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 REQUIRED Samuel K. Ross**

4-26-2001

813-286-4140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)