

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000699

FILED
Apr 18, 2002 8:00 AM
Secretary of State

Entity Name: OTS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4830 W KENNEDY BLVD
SUITE 740
TAMPA, FL 33609

New Principal Place of Business:

4890 W KENNEDY BLVD
SUITE 850
TAMPA, FL 33609

Current Mailing Address:

4830 W KENNEDY BLVD
SUITE 740
TAMPA, FL 33609

New Mailing Address:

4890 W KENNEDY BLVD
SUITE 850
TAMPA, FL 33609

FEI Number: 59-3168760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ROSS, SAMUEL K
4890 W KENNEDY BLVD
SUITE 850
TAMPA, FL 33609 US

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: SAMUEL K. ROSS

04/18/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: ROSS, SAMUEL K
Address: 4890 W KENNEDY BLVD, #850
City-St-Zip: TAMPA, FL 336091863

Title: DP () Delete
Name: BRAY, JACK
Address: 4890 W KENNEDY BLVD, #850
City-St-Zip: TAMPA, FL 336091863

Title: DST () Delete
Name: GREEN, DANIEL
Address: 4890 W KENNEDY BLVD, #850
City-St-Zip: TAMPA, FL 336091863

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL K. ROSS

DV

04/18/2002

Electronic Signature of Signing Officer or Director

Date