

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28/

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 91465 026 ****70.00

DOCUMENT # N93000000699

1. Entity Name

OTS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**4890 W KENNEDY BLVD
SUITE 850
TAMPA FL 33609**

Mailing Address

**4890 W KENNEDY BLVD
SUITE 850
TAMPA FL 33609**

2. Principal Place of Business

4890 West Kennedy Blvd.

Suite 920

Tampa FL 33609-1863

3. Mailing Address

4890 West Kennedy Blvd.

Suite 920

Tampa, FL 33609-1863



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3168760**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

Zip

Country **US**

Zip

Country **US**

6. Name and Address of Current Registered Agent

**F&L CORP.
THE GREENLEAF BUILDING
200 LAURA STREET
JACKSONVILLE FL 32202-3510**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☒ Delete
NAME **ROSS, SAMUEL K**
STREET ADDRESS **4890 W KENNEDY BLVD, #850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **DP** ☐ Delete
NAME **BRAY, JACK**
STREET ADDRESS **4890 W KENNEDY BLVD, #850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE **DST** ☒ Delete
NAME **GREEN, DANIEL**
STREET ADDRESS **4890 W KENNEDY BLVD, #850**
CITY-ST-ZIP **TAMPA FL 33609-1863**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JT** ☒ Change ☐ Addition
NAME **J. Curt Wilkinson**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

TITLE **DP** ☒ Change ☐ Addition
NAME **John H. Bray**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

TITLE **DST** ☐ Change ☒ Addition
NAME **Matthew J. Bray**
STREET ADDRESS **4890 W. Kennedy Blvd., Ste. 920**
CITY-ST-ZIP **Tampa, FL 33609-1863**

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Bray

Date

4/25/03

Daytime Phone #

813-286-440

CR2E037 (10/02)