

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004732

1. Entity Name

PARADISE PLAZA LAND CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

33920 US HWY 19
SUITE 351
PALM HARBOR FL 34684

Mailing Address

33920 US HWY 19
SUITE 351
PALM HARBOR FL 34684-2670

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

59-3343251

Applied For

Not Applicable

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

STROSS, HOWARD C
33920 US HWY 19
STE 351
PALM HARBOR FL 34684

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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD PLESKO, E J 6515 GRAND TETON PLAZA SUITE 210 MADISON WI 53719		<input type="checkbox"/>		<input type="checkbox"/>
STD TRIMBLE, TIMOTHY 6515 GRAND TETON PLAZA SUITE 210 MADISON WI 53719		<input type="checkbox"/>		<input type="checkbox"/>
D HUSMAN, DAVID 6515 GRAND TETON PLAZA SUITE 210 MADISON WI 53719		<input type="checkbox"/>		<input type="checkbox"/>
		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/2000

Date

(608) 833-7600

Daytime Phone #

CR2E037 (9/99)