

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N96000005764

1. Entity Name

GEORGETOWN PROFESSIONAL OFFICE PARK, SECTION 2,

FILED
May 22, 2000 8:00 am
Secretary of State

04-19-2000 90046 028 ****61.25

Principal Place of Business

16110 N. FLORIDA AVE.
LUTZ FL 33549

Mailing Address

PO BOX 822
LUTZ FL 33548-0822

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

Zip

33618

Country

USA

City & State

Tampa, FL

Zip

33618

Country

USA

4. FEI Number

58-2385797

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WESTFALL, JOHN W
16110 N. FLORIDA AVENUE
LUTZ FL 33549

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 \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAMONE, MICHAEL G	
STREET ADDRESS	850 STEPHENSON HWY STE 200	
CITY-ST-ZIP	TROY MI	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, DANIEL R	
STREET ADDRESS	24800 DENSO DRIVE STE 1750	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DAMONE, MICHAEL J	
STREET ADDRESS	850 STEPHENSON HWY, STE 200	
CITY-ST-ZIP	TROY MI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. Westfall

4/13/00

Date

813-962-6544

Daytime Phone #

5/4/00