

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004247

1. Entity Name

MID-PINELLAS OFFICE PARK OWNERS' ASSOCIATION, IN

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90146 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4500 140TH AVENUE NORTH  
SUITE 101  
CLEARWATER FL 34622

P.O. BOX 17309  
CLEARWATER FL 33762-0309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2190489

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ENGELHARDT, STEVEN E  
4500 140TH AVENUE NORTH  
SUITE 101  
CLEARWATER FL 34622

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 PD ☐ Delete  
NAME ENGELHARDT, DANIEL A  
STREET ADDRESS 4500 140TH AVENUE NORTH, SUITE 101  
CITY-ST-ZIP CLEARWATER FL 34622

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

TITLE VPST ☐ Delete  
NAME ENGELHARDT, STEVEN E  
STREET ADDRESS 4500 140TH AVENUE NORTH  
CITY-ST-ZIP CLEARWATER FL 34622

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

TITLE D ☐ Delete  
NAME ENGELHARDT, STEVEN E  
STREET ADDRESS 4500 140TH AVENUE NORTH  
CITY-ST-ZIP CLEARWATER FL 34622

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

TITLE VPST ☐ Delete  
NAME ENGELHARDT, PAUL D  
STREET ADDRESS 4500 140TH AVENUE NORTH  
CITY-ST-ZIP CLEARWATER FL 34622

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

TITLE D ☐ Delete  
NAME ENGELHARDT, PAUL D  
STREET ADDRESS 4500 140TH AVENUE NORTH  
CITY-ST-ZIP CLEARWATER FL 34622

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/2000 727-531-5750

CR2E037 (9/99)