

2000 UNIFORM BUSINESS REPORT (UBR)

5/2/00-90032-031-\$61.25-\$61.25

FILED

00 JUN 23 PM 2:31

[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005235

1. Entity Name

PALM BAY CORPORATE CENTRE PROPERTY OWNERS ASSOCI

Principal Place of Business

Mailing Address

5240 BABCOCK ST N.E.
STE 202
PALM BAY FL 32905

5240 BABCOCK ST N.E.
STE 202
PALM BAY FL 32905-4841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Melbourne, FL

32902-1700

4. FEI Number

59-3649142

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

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901

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 fee if applicable.

(NOTE: Registered Agent signature required when renewing)

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 PDS ☐ Delete
NAME DAVIES, MORRIS
STREET ADDRESS 5240 BABCOCK ST- STE 202
CITY-ST-ZIP PALM BAY FL 32905

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

TITLE VPD ☐ Delete
NAME DAVIES, ELIZABETH
STREET ADDRESS 5240 BABCOCK ST- STE 202
CITY-ST-ZIP PALM BAY FL 32905

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

TITLE VPD ☐ Delete
NAME STIRLING, DARRELL
STREET ADDRESS 5240 BABCOCK ST- STE 202
CITY-ST-ZIP PALM BAY FL 32905

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 321 698 6842

Date

Day/Time Phone #

CR2E037 (9/99)