

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002215

1. Entity Name

BW1 FACILITIES ASSOCIATION, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90056 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

311 PARK PLACE BOULEVARD  
 CLEARWATER FL 33759

311 PARK PLACE BOULEVARD  
 CLEARWATER FL 33759-4904

2. Principal Place of Business

7001 Temple Terrace Hwy.  
 Suite, Apt. #, etc.

3. Mailing Address

7001 Temple Terrace Hwy.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Temple Terrace, FL  
 Zip 33637 Country

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Temple Terrace, FL  
 Zip 33637 Country

4. FEI Number

59-3510445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J  
 JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL  
 911 CHESTNUT STREET  
 CLEARWATER FL 33756

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SELLINGER, JOHN A	
STREET ADDRESS	311 PARK PLACE BOULEVARD, SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILLER, FRANCINE	
STREET ADDRESS	311 PARK PLACE BOULEVARD, SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMALL, ED	
STREET ADDRESS	311 PARK PLACE BOULEVARD, SUITE 600	
CITY-ST-ZIP	CLEARWATER FL 33759	
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John Sellinger 4/26/00 813-980-1000

CR2E037 (9/99)