## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # N98000002218 May 16, 2000 8:00 am Secretary of State BW4 FACILITIES ASSOCIATION, INC. 05-16-2000 90056 002 \*\*\*\*61.25 Mailing Address Principal Place of Business 311 PARK PLACE BOULEVARD 311 PARK PLACE BOULEVARD CLEARWATER FL 33759-4904 CLEARWATER FL 33759 Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3510442 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ZSCHAU, JULIUS J JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS 911 CHESTNUT STREET Zip Code CLEARWATER FL 33756 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME sallinger, John A STREET ADDRESS STREET ADDRESS 311 Park place Blvd. Suite 600 311 PARK PLACE BOULEVARD, SUITE 600 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33759 ☐ Change ☐ Delete ☐ Addition TITLE VPD TITLE NAME NAME MILLER, FRANCINE STREET ADDRESS STREET ADDRESS 311 PARK PLACE BOULEVARD, SUITE 600 CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL 33759 Delete ☐ Change ☐ Addition TITLE STD TITLE SMALL, ED NAME NAME STREET ADDRESS STREET ADDRESS 311 PARK PLACE BOULEVARD, SUITE 600 CITY-ST-ZIF CITY-ST-ZIP **CLEARWATER FL 33759** ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of the receiver or trustee en powered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an atta

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SIGNATURE:

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