

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002229

1. Entity Name

BW8 FACILITIES ASSOCIATION, INC.

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

05-16-2000 90056 005 ****61.25

Principal Place of Business

Mailing Address

311 PARK PLACE BLVD.
 CLEARWATER FL 33759

311 PARK PLACE BLVD.
 CLEARWATER FL 33759-4904

2. Principal Place of Business

3. Mailing Address

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

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

City & State
 Temple Terrace, FL

City & State
 Temple Terrace, FL

Zip
 33637

Country

Zip
 33637

Country

4. FEI Number

59-3510479

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

ZSCHAU, JULIUS J
 JOHNSON, BLAKELY, POPE, BOKOR, P.A.
 911 CHESTNUT STREET
 CLEARWATER FL 33756

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 SELLINGER, JOHN A
 311 PARK PLACE BOULEVARD, SUITE 600
 CLEARWATER FL 33759 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VPD
 MILLER, FRANCINE
 311 PARK PLACE BOULEVARD, SUITE 600
 CLEARWATER FL 33759 ☐ Delete

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

TITLE
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 CITY-ST-ZIP
 STD
 SMALL, ED
 311 PARK PLACE BOULEVARD, SUITE 600
 CLEARWATER FL 33759 ☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

CR2E037 (9/99)