2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005480

1. Entity Name

CARROLLWOOD GROVE PROFESSIONAL PARK ASSOCIATION,

FILED
Apr 21, 2000 8:00 am
Secretary of State
04-21-2000 90099 043 ****61.25

Principal Place of Business	Mailing Address
16110 NORTH FLORIDA AVE LUTZ FL 33549	16110 NORTH FLORIDA AVE LUTZ FL 33618-1811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3040 W. Bearss Ave.	3040 W. Bearss Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. FEI Number: 59-3536771 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WESTFALL, JOHN
16110 NORTH FLORIDA AVE
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name: Westfall, John W.
Street Address (P.O. Box Number is Not Acceptable): 3040 W. Bearss Ave.
City: Tampa, FL Zip Code: 33618

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: _____ DATE: 4/13/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
John W. Westfall

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	PSTD WESTFALL, JOHN W 16110 NORTH FLORIDA AVE LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D/S/T Grebenschikoff, Jennifer 3403 W. Fletcher Ave. Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WESTFALL, CAROL 16110 NORTH FLORIDA AVE LUTZ FL 33549	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Abramson, Hazel L. 3401 W. Fletcher Ave, Suite A Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MYERS, STEVEN L 115 W BEARSS AVE TAMPA FL 33613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Church, Kathleen 3413 W. Fletcher Ave. Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Tilchin, Lou 3405 W. Fletcher Ave., Suite A Tampa, FL 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Jennifer Grebenschikoff FILED 4/13/00 813-963-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jennifer Grebenschikoff