## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9800005480

1. Entity Name

WESTFALL, JOHN

3040 W BEARSS AVE **TAMPA FL 33618** 

CARROLLWOOD GROVE PROFESSIONAL PARK ASSOCIATION,

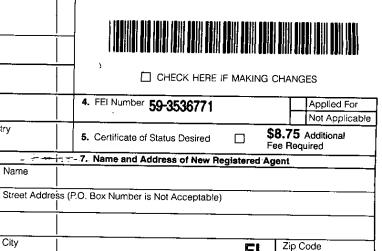


Principal Place of Business Mailing Address 3040 W BEARSS AVE 3040 W BEARSS AVE **TAMPA FL 33618 TAMPA FL 33618** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country

## **FILED** Mar 10, 2003 8:00 am § Secretary of State

03-10-2003 90153 024 \*\*\*\*61.25

JUU4DJDD



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. I am familiar with, and accept the obligations of registered agent.

Name

City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

-- 6. Name and Address of Current Registered Agent

|                                       |   | (1012   | riegistalad Agent algin                        | atoro rock  | l and when reinstating)                 | DATE                     |              |            |
|---------------------------------------|---|---|--|-------------|---|--------------------------|--------------|------------|
| FILE NOW: FEE IS \$61.25              |   | 9. Election Campaign Financing Trust Fund Contribution. |  |             | \$5.00 May Be<br>Added to Fees          |                          |              |            |
| 10.                                   | OFFICERS AND DIRECTORS  |   | 11.  |             | ADDITIONS/CHANGES                       | TO OFFICERS AND I        | DIRECTORS IN | 1.10       |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD<br>GREBENSCHIKOFF, JENNIFER<br>3403 W FLETCHER AVE<br>TAMPA FL 33618 | □ Delete .  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |             |   | THE STREET HE ARE L      | ☐ Change     | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP       | D<br>ABRAMSON, HAZEL L<br>3401 W FLETCHER AVE STE A<br>TAMPA FL 33618     | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |             |   |                          | ☐ Change     | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HAMILTON, ANDY<br>3415 W FLETCHER AVE<br>TAMPA FL 33618                   | XI Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          | : Tax - 124 |   | 9 ( ) 2 3 <del>3 4</del> | Change       | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD<br>TILCHIN, LOU<br>3405 W FLETCHER AVE STE A<br>TAMPA FL 33618         | <b>▼</b> Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |             |   | ,                        | ☐ Change     | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |   | □ Delete  | STREET ADDRESS                                 | 341         | ny Coleman<br>1-A W. Flet<br>pa, FL 336 |                          | ☐ Change     | X Addition |
| TITLE :                               |   | ☐ Delete  | TITLE  |             |   | <u> </u>                 | ☐ Change     | Addition . |

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP