

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043953

1. Entity Name

WORLD TRADE CENTER LPTA, INC.

**FILED**  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90050 050 \*\*\*150.00

Principal Place of Business

1101 CHANNELSIDE DRIVE  
TAMPA FL 33602

Mailing Address

1101 CHANNELSIDE DRIVE  
SUITE 340  
TAMPA FL 33602

2. Principal Place of Business

ONE BEACH DRIVE, S.E.

Suite, Apt. #, etc.

301-C

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA

3. Mailing Address

ONE BEACH DRIVE, S.E.

Suite, Apt. #, etc.

301-C

City & State

ST. PETERSBURG, FL

Zip

33701

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3413504

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARKER, J. KENNETH  
800 SECOND AVENUE SOUTH  
STE 340  
SAINT PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

ONE BEACH DRIVE, S.E.

301-C

City

ST. PETERSBURG

FL

Zip Code

33701

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

J. KENNETH PARKER 4-26-01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	PD PARKER, J K	<input type="checkbox"/> Delete
STREET ADDRESS	800 SECOND AVE. SOUTH SUITE 340	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ONE BEACH DRIVE, S.E.	
CITY-ST-ZIP	301-C ST. PETERSBURG, FL 33701	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

J. KENNETH PARKER 4-26-01

127 8986058

CR2E034 (10/00)

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