

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90136 026 ***150.00

DOCUMENT # P96000043212

1. Entity Name

PALM HARBOR PLAZA, INC.

Principal Place of Business

Mailing Address

C/O DAVID KENNEDY
 101 E. KENNEDY BLVD., SUITE 3925
 TAMPA FL 33602
 US

C/O DAVID KENNEDY
 101 E. KENNEDY BLVD., SUITE 3925
 TAMPA FL 33602-5812
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2910 W. Bay to Bay Blvd.

2910 W. Bay to Bay Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 200

Suite 200

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33629

USA

33629

USA

4. FEI Number **59-3392831**

Applied For

Not Applied

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

SMITH, W.L.
 101 EAST KENNEDY BLVD.
 SUITE 3700
 TAMPA FL 33602

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PST
 STREET ADDRESS KENNEDY, DAVID A
 CITY-ST-ZIP 101 E. KENNEDY BLVD., STE. 3925
 TAMPA FL 33602

TITLE ☒ Change ☐ A:
 NAME PST
 STREET ADDRESS Kennedy, David A.
 CITY-ST-ZIP 2910 W. Bay to Bay Blvd., Suite 200
 Tampa, FL 33629

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ A:
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ A:
 NAME
 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 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

2/1/00 (213) 221-75

Date

Daytime Phone #