

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044972

1. Entity Name
WEST TAMPA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90094 013 ***150.00

Principal Place of Business Mailing Address
%N. AMERICAN PROPERTIES-SOUTHEAST, INC. %N. AMERICAN PROPERTIES-SOUTHEAST, INC.
12995 S CLEVELAND AVE. SUITE 214 12995 S CLEVELAND AVE. SUITE 214
FT MYERS FL 33907 FT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0679864 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| HAFELE, DALE G 12995 SO. CLEVELAND AVENUE SUITE 214 FT. MYERS FL 33907 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|---|
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, WILLIAM J JR | NAME | |
| STREET ADDRESS | 121 E THIRD ST, SUITE 300 | STREET ADDRESS | |
| CITY - ST - ZIP | CINCINNATI OH 45202 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, THOMAS L | NAME | |
| STREET ADDRESS | 212 E THIRD ST STE 300 | STREET ADDRESS | |
| CITY - ST - ZIP | CINCINNATI OH 45202 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROTE, RICHARD W | NAME | |
| STREET ADDRESS | 5240 LESTER ROAD, SUITE 200 | STREET ADDRESS | |
| CITY - ST - ZIP | CINCINNATI OH 45213-2586 | CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GROTE, THOMAS D | NAME | |
| STREET ADDRESS | 5240 LESTER ROAD, SUITE 200 | STREET ADDRESS | |
| CITY - ST - ZIP | CINCINNATI OH 45213-2586 | CITY - ST - ZIP | |
| TITLE | VSD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAFELE, DALE G | NAME | |
| STREET ADDRESS | 12995 S. CLEVELAND AVE., STE. 214 | STREET ADDRESS | |
| CITY - ST - ZIP | FT. MYERS FL | CITY - ST - ZIP | |
| TITLE | O <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPREHN, SUSAN M | NAME | |
| STREET ADDRESS | 12995 S CLEVELAND AVE STE 214 | STREET ADDRESS | |
| CITY - ST - ZIP | FT MYERS FL 33907 | 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: *Susan M Sprehn* 4/25/01 941-278-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)