

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 96000082832**

1. Entity Name
CARDINAL REALTY & PROPERTY MANAGEMENT, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address

11716 N. 58th STREET **313 S. RIVERHILLS DR.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

TAMPA, FL **TEMPLE TERRACE, FL**

Zip Country Zip Country

33617 HILLSBOROUGH **33617 HILLSBOROUGH**

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90958 042 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3404824** Applied For ☐ Not Applicable ☐

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

X Stephen J. Szabo, III
Annis, Mitchell, et al
P.O. Box 3433
Tampa, FL 33601

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 **Stephen J. Szabo, III** (Stephen J. Szabo, III) **4/27/00**
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 Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES., TREA., SEC.	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME STEPHEN J. SZABO III		NAME	
STREET ADDRESS 313 S. RIVERHILLS DR.		STREET ADDRESS	
CITY-ST-ZIP TEMPLE TERRACE, FL 33617		CITY-ST-ZIP	
TITLE VP.	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME MORTON HANLON, JR.		NAME	
STREET ADDRESS 3608 TAMPA CIRCLE E		STREET ADDRESS	
CITY-ST-ZIP TAMPA, FL 33629		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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. 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 **Stephen J. Szabo, III** **4/27/00** **813 202-1329**
Signature and typed or printed name of signing officer or director Date Daytime Phone #