

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000075176

1. Entity Name

LAND IN SOUTH TAMPA, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90045 037 ***150.00

Principal Place of Business

Mailing Address

3705 SOUTH MACDILL AVENUE
 TAMPA FL 33611

3705 SOUTH MACDILL AVENUE
 TAMPA FL 33611-1514

2. Principal Place of Business

2101 W. Platt St.

3. Mailing Address

2101 W. Platt St.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

USA

Zip

33606

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3465405

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

HICKS, HENRY W
 602 SOUTH BOULEVARD
 TAMPA FL 33606

Name

W.A. Hayward

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

2101 W. Platt St.

Ste. 200

Tampa, FL

FL

Zip Code

33606

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

W.A. Hayward President

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4-27/00

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	TD	<input type="checkbox"/> Delete
NAME	GULUZIAN, ARAM L	
STREET ADDRESS	3705 S. MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LUM, JOHN	
STREET ADDRESS	3705 S. MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYWARD, W A	
STREET ADDRESS	3705 SOUTH MACDILL AVENUE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2101 W. Platt St Ste. 200	
STREET ADDRESS	Tampa, FL 33606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2101 W. Platt Ste. 200	
STREET ADDRESS	Tampa, FL 33606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2101 W. Platt Ste 200	
STREET ADDRESS	Tampa, FL 33606	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.A. Hayward President

4-27-00 813-310-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)