

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012005

1. Entity Name

FOREST OAKS PLAZA, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90050 041 ***150.00

Principal Place of Business

Mailing Address

7255 V FOREST OAK BLVD.
SPRING HILL 34 606

7255 V FOREST OAK BLVD.
SPRING HILL 34 606

2. Principal Place of Business

3. Mailing Address

7255 FOREST OAKS BLVD

2506 ROCKY PT. DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

268

City & State

SPRING HILL F

City & State

TAMPA FL

Zip

34606

Country

USA

Zip

33607

Country

USA

4. FEI Number

59-3555303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, BUDDY D
115 N. MACDILL AVE.
TAMPA FL 33609

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME PRESIDENT
STREET ADDRESS NORMA R. ANDERSON
CITY-ST-ZIP 2506 ROCKY PT DR # 268
TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V.P./TREAS.
STREET ADDRESS ROBERT H. ANDERSON
CITY-ST-ZIP 2506 ROCKY PT DR # 268
TAMPA FL 33607

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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

4/14/00

Date

813 286 1892

Daytime Phone #

CR2E034 (9/99)