

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90017 020 \*\*\*150.00

0508216

**DOCUMENT # P99000048332**

1. Entity Name  
**STEIGER PLAZA PARTNERS, INC.**

Principal Place of Business  
**3500 45TH ST. SUITE ONE**  
**WEST PALM BEACH FL 33407**

Mailing Address  
**3500 45TH ST. SUITE ONE**  
**WEST PALM BEACH FL 33407**

2. Principal Place of Business  
**104 2nd Street**  
 Suite, Apt. #, etc.

3. Mailing Address  
**104 2nd Street**  
 Suite, Apt. #, etc.

City & State  
**Jupiter Florida**  
 Zip  
**33458**  
 Country  
**Palm Beach**

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**Jupiter Florida**  
 Zip  
**33458**  
 Country  
**Palm Beach**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0924617**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLACK, JOSEPH M**  
**3500 48TH STREET SUITE 1**  
**WEST PALM BEACH FL 33407**

**Address Change**

7. Name and Address of New Registered Agent

Name **Black, Joseph M.**

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

**104 2nd Street**

City **Jupiter** **FL** **33458**

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 **Joseph M. Black, VP/T.**  
 Signature, typed or printed name of registered agent and title if applicable.

**[Signature]**  
 NOTE: Registered Agent signature required when reinstating)

DATE

**4/2/01**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GREENFIELD, HOWARD R</b> <b>10405 HIGH FALLS CIR</b> <b>ALPHARETTA GA 30022</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>BLACK, JOSEPH M</b> <b>3500 45TH ST. SUITE ONE</b> <b>WEST PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CULBERTSON, BARRY</b> <b>4040 NINE MCFARLAND, SUITE 950</b> <b>ALPHARETTA GA 30201</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**Joseph M. Black** **4/2/01** **561-748-8830**

CR2E034 (10/00)