

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091182

1. Entity Name

BOA PROPERTY MANAGEMENT, INC.

FILED

01 APR 30 PM 6:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500 SOUTH FLORIDA AVENUE
8TH FLOOR
LAKELAND FL 33801-5271

500 SOUTH FLORIDA AVENUE
8TH FLOOR
LAKELAND FL 33801-5271

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3603410

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

ATKINSON, RONALD C
500 SOUTH FLORIDA AVENUE
8TH FLOOR
LAKELAND FL 33801-5271

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.

(NOT: 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!
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 PD ☐ Delete
NAME ATKINSON, RONALD C
STREET ADDRESS 500 SOUTH FLORIDA AVENUE 8TH FLOOR
CITY-ST-ZIP LAKELAND FL 33801-5271

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

TITLE VP ☐ Delete
NAME SMALLNEER, CHARLES J
STREET ADDRESS 500 SOUTH FLORIDA AVENUE 8 FLOOR
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 no officer or director of the corporation or the receiver or trustee empowered to execute this report has 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

Date

Daytime Phone #

CR2E034 (10/00)