

2002 UNIFORM BUSINESS REPORT (UBR)

0468036 AV

DOCUMENT # P99000091182

1. Entity Name

BOA PROPERTY MANAGEMENT, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 22 PM 2:05

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

331 SOUTH FLORIDA AVENUE

3. Mailing Address

331 SOUTH FLORIDA AVENUE

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

331 SOUTH FLORIDA AVENUE SUITE 400

City

FL

Zip Code

33801-4226

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

RC Atkins, President RONALD C. ATKINSON

1/31/2002

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, 2002 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

TITLE PD
NAME ATKINSON, RONALD C
STREET ADDRESS 500 SOUTH FLORIDA AVENUE 8TH FLOOR
CITY-ST-ZIP LAKELAND FL 33801-5271 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 331 SOUTH FLORIDA AVENUE SUITE 400
CITY-ST-ZIP 33801-4626 ☒ Change ☐ Addition

TITLE
NAME CHARLES J. SMALLNEER
STREET ADDRESS 331 SOUTH FLORIDA AVENUE SUITE 400
CITY-ST-ZIP 33801-4626 ☒ Change ☐ Addition

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

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

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

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

Charles J. Smallneer V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02

Date

Daytime Phone #

843-687-4610

CR2E034 (9/01)