

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V57524

1. Entity Name

STEWART PROPERTIES OF TAMPA, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90063 040 ***150.00

Principal Place of Business

Mailing Address

3401 W CYPRESS ST
TAMPA FL 33607

3401 W CYPRESS ST
TAMPA FL 33607-5007

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 **59-3138030**

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

GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E KENNEDY BLVD
SUITE 1000
TAMPA FL 33602

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	D	☐ Delete
NAME	HICKMAN, HAROLD E	
STREET ADDRESS	1614 ALTOONA WAY	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	☐ Delete
NAME	COFER, JOSEPH B	
STREET ADDRESS	ONE HARBOUR PLACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ Delete
NAME	MOHLER, EUGENE A	
STREET ADDRESS	3035 COUNTRY SIDE RD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	☐ Delete
NAME	REAVES, VIRGINIA	
STREET ADDRESS	2401 ARDSON PL APT 403B	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Harold Hickman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-00 813-876-009

CR2E034 (9/99)