

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90092 013 ***158.75

0025369

DOCUMENT # 299891

1. Entity Name
STELLAR PARTNERS, INC.

Principal Place of Business
C/O TAMPA INTL AIRPORT MARRIOTT HOTEL
SUITE C-19
TAMPA FL 33607
US

Mailing Address
C/O TAMPA INT'L AIRPORT MARRIOTT HOTEL
SUITE C-19
TAMPA FL 33607
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1151071**

Applied For
Not Applicable

Zip Country

Zip Country

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

PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301

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, 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 **STACKHOUSE, SUSAN H.**
STREET ADDRESS **%TAMPA INT'L AIRPORT LEVEL 3**
CITY-ST-ZIP **TAMPA FL**

TITLE **President/Director** ☒ Change ☐ Addition
NAME **Stackhouse, Susan H.**
STREET ADDRESS **40 Tampa Intl. Airport Marriott Hotel G-100**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE **VD** ☐ Delete
NAME **GELLER, BARBARA**
STREET ADDRESS **8619 PASTORE VIEW LANE**
CITY-ST-ZIP **HOUSTON TX**

TITLE **Vice - President** ☒ Change ☐ Addition
NAME **Geller, Barbara**
STREET ADDRESS **8619 Pastore View Lane**
CITY-ST-ZIP **Houston, TX**

TITLE **D** ☐ Delete
NAME **BERNSTEIN, DAVID H.**
STREET ADDRESS **6741 BAYMEADOW DRIVE**
CITY-ST-ZIP **GLEN BURNIE MD**

TITLE **Director** ☒ Change ☐ Addition
NAME **Bernstein, David H.**
STREET ADDRESS **6741 Baymeadow Drive**
CITY-ST-ZIP **Glen Burnie, MD**

TITLE **ST** ☐ Delete
NAME **CICCARELLO, SPRING M**
STREET ADDRESS **C/O TAMPA INT'L AIRPORT MARRIOTT HOTEL C19**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **Secretary/Treasurer** ☒ Change ☐ Addition
NAME **Ciccarello, Spring M.**
STREET ADDRESS **40 Tampa Intl. Airport Marriott Hotel G-100**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice - President** ☐ Change ☒ Addition
NAME **Christine Suhs**
STREET ADDRESS **40 Tampa Intl. Airport Marriott Hotel G-100**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
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:

Spring M. Ciccarello
Spring M. Ciccarello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2001
Date

(813) 396-3639
Daytime Phone #

CR2E034 (10/00)