

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90043 020 \*\*\*150.00

**DOCUMENT # 428629**

1. Entity Name

**BEARSS PARK, INC.**

Principal Place of Business

Mailing Address

1015 W BEARSS AVE  
 TAMPA FL 33613-1142  
 US

1015 W BEARSS AVE  
 TAMPA FL 33613-1142  
 US

905881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1015 W BEARSS AVE  
 Suite, Apt. #, etc.

1015 W BEARSS AVE  
 Suite, Apt. #, etc.

TAMPA, FL  
 City & State

TAMPA, FL  
 City & State

4. FEI Number

**59-1468080**

Applied For

Not Applicable

Zip

33613

Country

US

Zip

33613

Country

US

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

GRANT, JOHN A. JR.  
 1715 NW SHORE BLVD  
 STE 750  
 TAMPA FL 33607

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
STD	BEARSS, PHYLLIS R	1009 W. BEARSS AVENUE	TAMPA FL	<input type="checkbox"/>
VD	BEARSS, CHARLES CARROLL	14901 HARDY DRIVE WEST	TAMPA FL	<input type="checkbox"/>
PD	BEARSS, ROBIN MARTIN	1015 W. BEARSS AVE.LT 68	TAMPA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additio
			33613	<input type="checkbox"/>	<input type="checkbox"/>
			33613	<input type="checkbox"/>	<input type="checkbox"/>
			33613	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Phyllis R. Bearss (PHYLLIS R. BEARSS)

Date: Jan 18, 2000 Daytime Phone #: 813/961-3119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #