## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 01, 2001 8:00 am Secretary of State DOCUMENT # F9800000376 BUSH ENTERTAINMENT, INC. 03-01-2001 91319 031 \*\*\*150.00 Principal Place of Business Mailing Address 12800 UNIVERSITY DRIVE, SUITE 650 11000-2 METRO PKWY FORT MYERS FL 33908 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0803325 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change Addition CR2E034 (10/00) TITLE ☐ Delete TITLE NAME BUSH, PAUL NAME **3 LAKEVIEW AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JAMESTOWN NY 14702 Addition Defete TITE ☐ Change TITLE DOYLE, DONNA J NAME NAME STREET ADDRESS 12800 UNIVERSITY DRIVE, SUITE 650 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete Change ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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: Nieki Rodeli-

Micky Raddiff, Controlle

941-275-9575

Daytime Phone #

**FILED**