

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65790

1. Entity Name

EXTRAVAGANZA PRODUCTIONS, INC.

Principal Place of Business

501 S. FALKENBURG ROAD
SUITE D-23
TAMPA FL 33619

Mailing Address

501 S. FALKENBURG ROAD
SUITE D-23
TAMPA FL 33619-1293

2. Principal Place of Business

3914 N. US HWY 301

Suite, Apt. #, etc.
SUITE 500

City & State
TAMPA, FL

Zip
33619

Country
USA

3. Mailing Address

3914 N. U.S. HWY 301

Suite, Apt. #, etc.
SUITE 500

City & State
TAMPA, FL

Zip
33619

Country
USA

4. FEI Number 59-3053507

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

KASTEN, CHRISTOPHER
101 E. KENNEDY BLVD.
SUITE 1240 BARNETT PLAZA
TAMPA FL 33601

Name
CHARLES C. LANE, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
100 SOUTH ASHLEY DRIVE
SUITE 1700
City
TAMPA FL Zip Code
33601-0838

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

4/6/00

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
P
THOMASSON, PAUL R
2904 BEAGLE PLACE
SEFFNER FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Teri T. Scarborough
911 Sandywood DR
Brandon, FL 33510 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/00 (813) 621-4700
Date Daytime Phone #

CR2E034 (9/99)