

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90007 002 ****70.00

DOCUMENT # N19736

1. Entity Name

SEMINOLE #4147, F.O.E., INC.

Principal Place of Business

Mailing Address

7301 77TH STREET NORTH
 PINELLAS PARK FL 34665

7301 77TH STREET NORTH
 PINELLAS PARK FL 33781-3760

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

59-2732392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITNEY, THOMAS
4008 W IOWA
TAMPA FL 33616

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

Thomas Whitney

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-7-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	TRUMBELL, JAMES	
STREET ADDRESS	5200 28 ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CLARK, BILL	
STREET ADDRESS	5660 8TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	P	<input type="checkbox"/> Delete
NAME	WHITNEY, THOMAS	
STREET ADDRESS	4008 W IOWA	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ARNOLD, DOUG	
STREET ADDRESS	5696 62ND WAY NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUNELL, JOSEPH C	
STREET ADDRESS	8424 58TH WAY NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	TRUMBULL, DON	
STREET ADDRESS	5335 46 AVE NO	
CITY-ST-ZIP	ST. PETERSBURG FL	

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Don Trumbull

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000

Date

Daytime Phone #

CR2E037 (9/99)