

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90115 010 \*\*\*\*61.25

**DOCUMENT # N19736**

1. Entity Name

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

Principal Place of Business

**7301 77TH STREET NORTH  
 PINELLAS PARK FL 34665**

Mailing Address

**7301 77TH STREET NORTH  
 PINELLAS PARK FL 34665**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2732392**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**WHITNEY, THOMAS  
 4008 W IOWA  
 TAMPA FL 33616**

7. Name and Address of New Registered Agent

Name **Gray L. Nixon**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6311 Hampton Dr. N.**  
 City **ST. Pete** FL Zip Code **33710**

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 **Gray L. Nixon**  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **7/4/01**

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC.</b> <b>JOSEPH W. HUCKNO</b> <b>2950 PARK ROAD, #100</b> <b>PINELLAS PARK FL 33665</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>CLAUDE K. COPPIN</b> <b>7728 - 72ND AVE</b> <b>PINELLAS PARK, FLA 33665</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>WHITNEY, THOMAS</b> <b>4008 W IOWA</b> <b>TAMPA, FLA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE</b> <b>KATIE LEAVY</b> <b>3960 60 WAY N1</b> <b>ST PETE FLA. 33710</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, without other/ke empowered.

SIGNATURE: **Gray L. Nixon**

7/4/01 727-546-4738

CR2E037 (5/01)