

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91388 005 ****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-2732392

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELETE
HIXON, GARY L
6311 HAMPTON DR. N.
SAINT PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name GEORGE MOORE
Street Address (P.O. Box Number is Not Acceptable)
4125 PARK ST. N. #837
City ST. PETERSBURG FL Zip Code 33709

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 *George Moore*
Signature, typed or printed name of registered agent and title if applicable.

GEORGE MOORE - PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

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

TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	HUEVNO, JOSEPH W	
STREET ADDRESS	7950 PARK. BLVD. #100	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CONPIN, CLAUDE B	
STREET ADDRESS	7738- 72ND AVE.	
CITY-ST-ZIP	PINELLAS PARK FL 33665	
TITLE	T	<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	SR-T	<input type="checkbox"/> Delete
NAME	BRUNELL, JOSEPH C	
STREET ADDRESS	8424 58TH WAY NO	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	TREA	<input checked="" type="checkbox"/> Delete
NAME	LEAVY, KATIE	
STREET ADDRESS	3960 60WAY N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM CLARK (Bill)	
STREET ADDRESS	5660 80TH ST. N D-106	
CITY-ST-ZIP	ST. PETERSBURG, FL 33709	
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM HANSEN	
STREET ADDRESS	7758 FAIRHAVEN CT. N	
CITY-ST-ZIP	ST. PETE, FL 33709	
TITLE	FRANCIS HARGRAVE V. PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENT	
STREET ADDRESS	6978 46TH AVE N.	
CITY-ST-ZIP	ST. PETE, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TRUSTEE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY A. BERRINGER	
STREET ADDRESS	5660 80TH ST. N B-308	
CITY-ST-ZIP	ST. PETE, FL 33709	

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: *George Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

546-4758
Daytime Phone #

CP2E037 (9/01)