

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004321

1. Entity Name

PANDA OF HILLSBOROUGH COUNTY, INC.

Principal Place of Business

3802 HIGHVIEW ROAD
SEFFNER FL 33584

Mailing Address

3802 HIGHVIEW ROAD
SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc:

Suite, Apt. #, etc:

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, CHARLOTTE I
3802 HIGHVIEW ROAD
SEFFNER FL 33584

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

Charlotte I. Anderson

4/19/01

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILSON, DANNEIL 1811 OAK ST. SEFFNER FL 33584	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD EDWARDS, BETTY 3804 HIGH NOW RD SEFFNER FL 33584	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GRIFFIN-KONYHA, JACKIE 202 HERITAGE LN, #405 TEMPLE TERRACE FL 33617	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, DORIS 1811 OAK ST. SEFFNER FL 33584	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, JULIA 3804 HIGHVIEW RD. SEFFNER FL 33584	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKLAND, MANCY 323 TITIAN ROAD SEFFNER FL 33584	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Charlotte I. Anderson

4/19/01

(813) 610-1413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90245 034 ****61.25

00064957



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3410094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)