

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90028 027 ***150.00

DOCUMENT # P95000019865

1. Entity Name

95 TCI, INC.

0009274



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

150 SECOND AVENUE NORTH
 SUITE 800
 ST. PETERSBURG FL 33701

150 SECOND AVENUE NORTH
 SUITE 800
 ST. PETERSBURG FL 33701-3341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3312856

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ULRICH, KURTIS G.
 150 SECOND AVE NORTH
 SUITE 800
 ST. PETERSBURG FL 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> Delete
D	GRIFFIN, MARC L	6450 QUAIL CREEK BLVD.	INDIANAPOLIS IN 46237	<input type="checkbox"/>
D	HERR, KENT R	2901 60TH AVENUE SOUTH	ST. PETERSBURG FL 33712	<input type="checkbox"/>
D	HUBBLE, WILLIAM F	6246 DESCO	DALLAS TX 75225	<input type="checkbox"/>
D	PRITCHARD, HOWARD M	163 CHUMILOTI WAY	LOUDEN TN 37774	<input type="checkbox"/>
D	ULRICH, G K	501 31ST AVENUE NORTH	ST. PETERSBURG FL 33704	<input type="checkbox"/>
				<input type="checkbox"/>

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

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

Date

Daytime Phone #

1/14/00 898 1500 (22)

CR2E034 (9/99)