

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90045 013 ***150.00

DOCUMENT # P98000000681

1. Entity Name

CAMP NEBRASKA, INC.

Principal Place of Business

Mailing Address

4830 W. KENNEDY BLVD
 STE 350
 TAMPA FL 33609

4830 W. KENNEDY BLVD
 STE 350
 TAMPA FL 33609-2547

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

59-3486385

Applied For

Not Applicable

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

MELENDI, JOSEPH E
408 E. MADISON STREET
TAMPA FL 33602

Name

Melendi, Joseph E

Street Address (P.O. Box Number is Not Acceptable)

300 North Franklin St

Second Floor

City

Tampa

FL

Zip Code

33609

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 **D** Delete
 NAME **WEIS, STEPHEN N**
 STREET ADDRESS **4830 W. KENNEDY BLVD #350**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE **PST** Change Addition
 NAME **Weis, Stephen N**
 STREET ADDRESS **4830 W Kennedy Blvd #350**
 CITY-ST-ZIP **Tampa FL 33609**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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

STEPHEN N WEIS, President

4/19/00

813-286-4067
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #