

2002 UNIFORM BUSINESS REPORT (UBR)

04-29-2002 90136 03/11/00 583622

DOCUMENT # 583622

1. Entity Name

DAPER TAMPA, INC.

FILED

02 MAY -3 PM 12: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1408 N. WESTSHORE BLVD.
#150
TAMPA FL 33607

Mailing Address

C/O STEPHEN KISSLER/RUDIN MCCLOSKEY
401 EAST JACKSON STREET. 27TH FLOOR
TAMPA FL 33602

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address c/o Stephen Kussner

GRAY, HARRIS et al

Suite, Apt. #, etc.

201 N. Franklin St. #2200

City & State

Tampa, FL

Zip 33602

Country

USA

4. FEI Number

13-2951533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Stephen Kussner
Rudin, McCloskey
401 E. Jackson St. 27th Flr.
Tampa, FL 33602

7. Name and Address of New Registered Agent

Name
Stephen Kussner/ GRAY, HARRIS et al

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

201 N. Franklin St.

Ste. 2200

City
Tampa

FL

Zip Code
33602

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, 2002 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

TITLE PD
NAME SIMON, DAVID H.
STREET ADDRESS 924 WESTWOOD BLVD., # 600
CITY-ST-ZIP LOS ANGELES CA 90024 ☐ Delete

TITLE D
NAME HELLER, CECELIA
STREET ADDRESS 85B AMBERLY DRIVE
CITY-ST-ZIP ENGLISHTOWN NJ ☐ Delete

TITLE D
NAME SIMON, MICHAEL
STREET ADDRESS 235 E. 31ST STREET
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

Signature of David H. Simon, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

(310) 208-5511

CR2E034 (9/01)