

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 439321

1. Entity Name

FIESTA PROPERTIES, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90097 045 ***150.00

Principal Place of Business

14255 ROSEMARY LANE
8105
LARGO FL 33774
US

Mailing Address

14255 ROSEMARY LN
8105
LARGO FL 33774-2944
US

2. Principal Place of Business

1889 Oak Park Dr. N

3. Mailing Address

Suite, Apt. #, etc.

Same

City & State

City & State

Zip
33764

Country
Pinellas

Zip

Country

4. FEI Number

59-1547400

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESHLEMAN, IVAN
14255 ROSEMARY LN-8105
LARGO, FL
34644

7. Name and Address of New Registered Agent

Name

Harold L. McBride

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

1889 Oak Park Dr. N

City

Clearwater

FL

Zip Code

33764

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

Harold L. McBride

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ESHLEMAN, IVAN
14255 ROSEMARY LANE 8105
LARGO FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FARNSWORTH, M H
6495 128TH STREET
MIAMI, FL 00000

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MCBRIDE, HAROLD
1889 OAK PARK NORTH
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Harold L. McBride

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

Daytime Phone #

727
531-5597