

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 439321**

1. Entity Name

**FIESTA PROPERTIES, INC.****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90028 011 \*\*\*150.00

Principal Place of Business

Mailing Address

**1889 OAK PARK DR. N.  
CLEARWATER FL 33764  
US****1889 OAK PARK DR. N.  
CLEARWATER FL 33764  
US**

JAN 01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*above*  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-1547400**

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

**MCBRIDE, HAROLD L  
1889 OAK PARK DR. N.  
CLEARWATER FL 33764**

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

*Harold L. McBride*

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, 2001 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
SD	MCBRIDE, HAROLD	1889 OAK PARK NORTH	CLEARWATER FL	<input type="checkbox"/>
Secy. Treas. Dir.	Guinevere McBride	1889 Oak Park Dr N	Clearwater, Fla. 33764	<input type="checkbox"/>
Director	Steve McBride	1889 Oak Park Dr	Clearwater Fla 33764	<input type="checkbox"/>
Dir	Monte Weid	1005 Fox Hunt Dr	Winter Haven, Fla 33880	<input type="checkbox"/>
Dir.	Jon Wilson	1440 Roberto Lane	Clearwater Fla 33764	<input type="checkbox"/>
				<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"/>

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 Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2001

Date

Daytime Phone #

727  
531-5597

CR2E034 (10/00)