

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 449227

1. Entity Name

INSTANTWHIP-NORTH FLORIDA, INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90028 042 \*\*\*150.00

Principal Place of Business

Mailing Address

3803 E. COLUMBUS DR.  
TAMPA FL 33605  
US

PO BOX 333  
COLUMBUS OH 43216-0333  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-0844119

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

TILLER, WILLIAM B.  
3803 EAST COLUMBUS DRIVE  
TAMPA FL 33605

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 \_\_\_\_\_ (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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	TILLER, WILLIAM B	3803 COLUMBUS DRIVE	TAMPA FL 33605	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	TILLER, DONALD H JR.	3803 COLUMBUS DRIVE	TAMPA FL 33605	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	OSBORNE, VICKIE A.	3803 COLUMBUS DRIVE	TAMPA FL 33605	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	MICHAELIDES, THOMAS G.	2200 CARDIGAN AVE	COLUMBUS OH	<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

Asst. Secy

4/18/00

(614) 488-2536

Date

Daytime Phone #