

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531440

1. Entity Name
EURO-AMERICAN PROGRAMS, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90120 011 ***150.00

Principal Place of Business
445 HOWELL AVE
PO BOX 1388
BROOKSVILLE FLORIDA 34601
US

Mailing Address
445 HOWELL AVE
PO BOX 1388
BROOKSVILLE FL 34601-2045
US

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
59-1794761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, THOMAS E
25200 CROOM ROAD
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent

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

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

TITLE PD
NAME BARNETTE, THOMAS E
STREET ADDRESS 25200 CROOM RD
CITY-ST-ZIP BROOKSVILLE, FL 00000 ☐ Delete

TITLE VST
NAME BARNETTE REBECCA D
STREET ADDRESS 25200 CROOM RD
CITY-ST-ZIP BROOKSVILLE, FL 00000 ☐ Delete

TITLE ST
NAME DELL, WILMA V
STREET ADDRESS 7 MARACAIBO RD
CITY-ST-ZIP LITTLE TORCH KEY FL00000 ☐ Delete

TITLE DC
NAME DELL, RICHARD W
STREET ADDRESS 7 MARACHIBO RD
CITY-ST-ZIP LITTLE TORCH KEY FL00000 ☐ 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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #