

DOCUMENT # 690626

1. Entity Name

HYDE PARK MAZE, INCORPORATED

Feb 08, 2000 8:00 a
Secretary of State

02-08-2000 90179 043 ***150.00

Principal Place of Business

Mailing Address

1001 S ROME AVE
TAMPA FL 33606
US1101 S DAKOTA AVE
APT 2
TAMPA FL 33606-3075
US

A0019758

2. Principal Place of Business

4818 Gandy Blvd

Suite, Apt. #, etc.

3. Mailing Address

4818 Gandy Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2305629

Not

Zip

33611

Country

US

Zip

33611

Country

US

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEARNS, ROSEMARY L
1101 S DAKOTA AVE
APT 2
TAMPA FL 33606

Name

Stephen L. Corcoran

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

4818 Gandy Blvd

City

Tampa,

FL

Zip Code

33611

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)

2/4/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Amount

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MARSHALL, DAN H II	
STREET ADDRESS	7801 N LAMAR, STE D-84	
CITY-ST-ZIP	AUSTIN TX 78752	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARNER, MATTHEW C.	
STREET ADDRESS	1001 S. ROME	
CITY-ST-ZIP	TAMPA FL	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	STEARNS, ROSEMARY L	
STREET ADDRESS	1101 S DAKOTA AVE #2	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Secretary	<input type="checkbox"/> Change
NAME	Stephen L Corcoran	
STREET ADDRESS	4818 Gandy Blvd	
CITY-ST-ZIP	Tampa, FL 33611	

TITLE	Treasurer	<input type="checkbox"/> Change
NAME	Howard F Stearns	
STREET ADDRESS	1101 S Dakota Ave Apt 2	
CITY-ST-ZIP	Tampa, FL 33606	

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

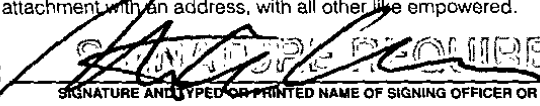
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change
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 I 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 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 1 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

2/4/00 813

Date

Signature