

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90079 049 ****61.25

DOCUMENT # 754400

1. Entity Name

THANKSGIVING CELEBRATION, INC.

Principal Place of Business

240 N PINE ST
C/O DONALD R. STEELE
ENGLEWOOD FL 34223-3930
US

Mailing Address

240 N PINE ST
C/O DONALD R. STEELE
ENGLEWOOD FL 34223-3930
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

59-2372678

Applied For

Not Applicable

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

STEELE, DONALD R.
111 SPUR DR
ROTONDA WEST FL 33947

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **STEELE, DONALD R**
STREET ADDRESS **111 SPUR DR**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

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

TITLE **PD** ☒ Delete
NAME **DERSTINE, PHIL**
STREET ADDRESS **1200 GLORY WAY BLVD**
CITY-ST-ZIP **BRADENTON FL**

TITLE **PD** ☐ Change ☒ Addition
NAME **Mathis, Gene**
STREET ADDRESS **5614 Richardson Road**
CITY-ST-ZIP **Sarasota FL**

TITLE **SD** ☐ Delete
NAME **KLINE, CHRIS**
STREET ADDRESS **2809 AVE EAST**
CITY-ST-ZIP **HOLMES BEACH FL 34217**

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

TITLE **VD** ☒ Delete
NAME **MATHEWS, TAD**
STREET ADDRESS **1401 14TH AVE W**
CITY-ST-ZIP **PALMETTO FL 34221**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Schroeder, Joseph**
STREET ADDRESS **1401 14th Ave. W**
CITY-ST-ZIP **Palmetto FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Donald R. Steele

DONALD R. STEELE

3/20/2000

941-474-7687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)