

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763836

1. Entity Name

SELAMA GROTTO, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90263 040 ****70.00

Principal Place of Business

Mailing Address

3000 16 STREET NORTH
ST. PETERSBURG FL 33713

P.O. BOX 47546
ST. PETERSBURG FL 33743-7546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0440467

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

EDENBURN, GARY L
1117 ARLINGTON AVE. NORTH
ST. PETERSBURG FL 33705

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 NAME STREET ADDRESS CITY-ST-ZIP	DS NICHOLSON, GEORGE 7100 ULMERTON ROAD, #2067 LARGO FL 34641	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPTON, DONALD 1760 DEVON SHIRE RD NO ST. PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, ROGER 5700 GLAVE N #108 SAINT PETERSBURG FL 33710	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLOWERS EDWARD 374058 STN. #208 ST PETERSBURG FL 33710	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPTON DONALD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOVELACE, JOHN W. 1533 83 AVN. ST PETERSBURG FL 33702	☒ Change ☐ Addition
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

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:

Edward W. Flowers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD W. FLOWERS
Date: JAN 12, 2000 727-3818405
Daytime Phone #

CP2E037 (9/99)