

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005428

1. Entity Name

STERLING HOLDINGS, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90046 048 ***150.00

Principal Place of Business

150 2ND AVENUE, NORTH
SUITE 500
ST PETERSBURG FL 33701

Mailing Address

150 2ND AVENUE, NORTH
SUITE 500
ST PETERSBURG FL 33701-3340

2. Principal Place of Business

One Progress Plaza
Suite 810

3. Mailing Address

One Progress Plaza
Suite 810

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

35-1608277

Applied For

Not Applicable

Zip
33701

Country
USA

Zip
33701

Country
USA

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

HAGELMAN, CURT R
% STERLING INVESTORS LIFE INSURANCE CO.
~~150 2ND AVENUE NORTH, SUITE 500~~
ST. PETERSBURG FL 33701

Name

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

One Progress Plaza
Suite 810

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

Curt R. Hagelman

Curt R. Hagelman, President

3-30-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS YANCEY, DELOS H
CITY-ST-ZIP 855 OCEAN SHORES BLVD 219
ORMOND BCH FL

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

TITLE ☐ Delete
NAME MCTD
STREET ADDRESS HALE, RODNEY L
CITY-ST-ZIP ~~23210 F DUNWOODY CROSSING~~
~~ATLANTA GA~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 218 Sand Key Estates Dr.
CITY-ST-ZIP Clearwater, FL 33767

TITLE ☐ Delete
NAME S
STREET ADDRESS PUENTE, KAREN
CITY-ST-ZIP 400 EMBASSY ROW STE 520
~~ATLANTA GA~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Phillips, (Karen)
CITY-ST-ZIP 5241 Pikes Peak Ct.
Marietta, GA 30062

TITLE ☐ Delete
NAME PD
STREET ADDRESS HAGELMAN, CURT R
CITY-ST-ZIP 5406 PALI WAY
ST PETERSBURG FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KLAESER, KARL-HEINZ
CITY-ST-ZIP 4620 BLUE MT DR
TUSCON AZ

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Curt R. Hagelman

Curt R. Hagelman, President

3-30-00

(727) 896-6434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)