

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000207

1. Entity Name

EAST COAST SHOWS, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90008 037 \*\*\*150.00

Principal Place of Business

169 SHAW RD.  
W. MONROE NY 13167

Mailing Address

169 SHAW RD.  
W. MONROE NY 34996-1410

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4620 N.E. SANDPEBBLE TRACE

#402

STUART FL

34996

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1379018

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

PARRISH, THAYER L  
2933 FOXCROFT DRIVE  
TALLAHASSEE FL 32308

Name

ROBERT H. SNYDER

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

4620 N.E. SANDPEBBLE TRACE #402

City

STUART

FL

Zip Code

34996

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

Robert H. Snyder

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, ROBERT H 169 SHAW RD. W. MONROE NY 13167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, CYNTHIA O 169 SHAW RD. W. MONROE NY 13167	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, ROBERT H 4620 NE SANDPEBBLE TRACE #402 STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SNYDER, CYNTHIA O 4620 NE SANDPEBBLE TRACE #402 STUART, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert H. Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2000

Date

561-225-1941

Daytime Phone #

CR2E034 (9/99)