

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G20976**

1. Entity Name

DISSTON TERMINALS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90001 017 ***150.00

Principal Place of Business

**4745 - 126TH AVENUE NORTH
ST. PETERSBURG FL 33762**

Mailing Address

**4745 - 126TH AVENUE NORTH
ST. PETERSBURG FL 33762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2296698**

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

**GREGORY, NORMAN H.
4745 - 126TH AVENUE NORTH
ST. PETERSBURG FL 33762**

Name **Norman R Gregory**
Street Address (P.O. Box Number is Not Acceptable) **5701 Mariner St #604**

City **Tampa** **FL** Zip Code **33609**

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

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 **P** ☐ Delete

NAME **GREGORY, NORMAN R**
STREET ADDRESS **5701 MARINER STREET, #606**
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **VP** ☐ Delete

NAME **GREGORY, RUTH**
STREET ADDRESS **1450 MARKAN DRIVE NE #1**
CITY-ST-ZIP **ATLANTA GA 30606**

TITLE **ST** ☐ Delete

NAME **GREGORY, RACHAEL A.**
STREET ADDRESS **4064 HALIFAX DRIVE, #14**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)