

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G75525**

1. Entity Name

TBE GROUP, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90009 001 ***150.00

Principal Place of Business

Mailing Address

**18167 U.S. 19 NORTH, SUITE 550
CLEARWATER FL 34624**

**18167 U.S. 19 NORTH, SUITE 550
CLEARWATER FL 34624**

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

59-2367433

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

**SAVITZ, EDWARD O ESQ.
220 SOUTH FRANKLIN STREET
TAMPA FL 33602**

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

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	AS	<input type="checkbox"/> Delete
NAME	BROWN, ROBERT G	
STREET ADDRESS	18167 U.S. 19 NORTH, SUITE 550	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	ROSSMAN, JACK	
STREET ADDRESS	18167 U.S. 19 NORTH, SUITE 550	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BUSH, LOUIE G	
STREET ADDRESS	18167 US 19 NO STE 500	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	AS	<input type="checkbox"/> Delete
NAME	JAMES G. WILLIAMS	
STREET ADDRESS	18167 US 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DIAZ, RICHARD, JR.	
STREET ADDRESS	18167 US 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert G. Brown	
STREET ADDRESS	18167 US 19 North, Suite 550	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	Vice President-CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig D. Snyder	
STREET ADDRESS	18167 US 19 North, Suite 550	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sam Militello	
STREET ADDRESS	18167 US 19 North, Suite 550	
CITY-ST-ZIP	Clearwater, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Craig D. Snyder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President-CFO

Date

1/31/00

Daytime Phone #

(727) 531-3505

CR2E034 (9/99)