

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H22832

1. Entity Name

NATIONAL PARTNERSHIP EXCHANGE, INC.

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90058 045 \*\*\*550.00

Principal Place of Business

1715 N WESTSHORE BLVD  
SUITE 700  
TAMPA FL 33607  
US

Mailing Address

1715 N WESTSHORE BLVD  
SUITE 700  
TAMPA FL 33607  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2450187

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

SAVAGE, ROBERT  
1715 N WESTSHORE BLVD  
SUITE 700  
TAMPA FL 33607

Name

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

City

FL

Zip Code

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
DST  
FAY, BRADLEY  
18207 BATTERA AVE  
TAMPA FL 33549 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
18207 Bittern Ave ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SAVAGE, ROBERT  
35 AEGEAN AVE  
TAMPA FL 33606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCFO  
FRUEH, RICHARD  
4509 BEACH PARK  
TAMPA FL 33607 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GUNN, DONALD J JR  
6340 MACLAURIN CT  
TAMPA FL 33629 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
17905 Cachet Isle  
Tampa FL 33647 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

*SAVAGE* REQUIRE SAVAGE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/00  
Date

8132820808  
Daytime Phone #

CR2E034 (5/00)