2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J17661

TELEPHONE SYSTEMS INSTALLERS WEST COAST COMMUNIC

Beanie's Bar And Sports Grill

FILED May 03, 2000 8:00 am Secretary of State 05-03-2000 90146 011 ***150.00

Principal Place	e of Business	Mailing Address								
511 MANATEE DR., S.W. P.O. BOX 787 RUSKIN FL 33570		511 MANATEE DR., S.W. P.O. BOX 787 RUSKIN FL 33570-0787							1.	
Principal Place of Business 2002 US Hwy 41		3. Mailing Address 511 Manatee Drive SW				Hali IIII Bara dalla billi				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
		07 1 0 0 0 0		<u> </u>	CCI Niversity as			1 14	oplied For	7
City & State Ruskin F1		City & State Ruskin FL		4.	54-2687 [4]]				ot Applicable	1
Zip	Country	Zip	Country	, 5.	Certificate of	Status Desired		\$8.75 Ad		}
3357	0 Hillsborough 6. Name and Address of Current I	<u> </u>	Hillsboro	ugn _		dress of New Re		Fee Require	<u></u>	1
	EV. Name and Address of Content	iogiotates Agent	Name		<u> </u>		.			1
904 L	y, donald J. Lytle street	Street Address 511 Ma			(P.O. Box Number is Not Acceptable) anatee Drive SW					
RUSK	(IN FL 33570									
			City			•	FL	Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registered ag	ent, or both,		rida. /24/00	. <u></u> 1		
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signati	ure required when r	einstating)	4,	/ 24/ 00 DATE			
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		5 0 .00	1	on Campaign Fin Fund Contribution			00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	ΑC	DDITIONS/CH	ANGES TO OFFI	CERS AND	DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS	PVD TICHY, DONALD J. 511 MANATEE DRIVE SW	☐ Delete	TITLE NAME STREET ADDRESS	P/1	D			X Change	☐ Addition	E0.34 19/99
CITY-ST-ZIP	RUSKIN FL		CITY-ST-ZIP						Addition	- 2
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13. I hereby of indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address	true and accurate and that my wered to execute this report a	y signature snail n s required by Cha	ted in Section lave the same apter 607, Flor onald Ti	ida Statutes;	Florida Statutes. Is if made under cand that my name	further cer path; that I a e appears in (813)	tify that the am an office n Block 11 c	information r or director or Block 12 if	

4/24/00

649-1700

Daytime Phone #