

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
 05-01-2000 90389 038 \*\*\*150.00

**DOCUMENT # J43726**

**1. Entity Name**  
**VIDEO VIEW OF LAND O'LAKES, INC.**

|  |  |
|--|--|
| <b>Principal Place of Business</b><br>VILLAGE LAKES SHOPPING CNTR<br>O' LAKES FL 34639 | <b>Mailing Address</b><br>21621 VILLAGE LAKES SHOPPING CNTR<br>LAND O' LAKES FL 34639-5102<br>US |
|--|--|

|   |   |
|---|---|
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.<br>City & State<br>Zip |
|---|---|



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| <b>4. FEI Number</b><br>59-2739960   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |   |

**6. Name and Address of Current Registered Agent**  
 LEROY, PAUL R.  
 8701 TANTALLON CR.  
 TAMPA FL 33647

**7. Name and Address of New Registered Agent**  
 Name: LEROY, PAUL R.  
 Street Address (P.O. Box Number is Not Acceptable): 5325 BOB SMITH AVE.  
 City: PLANT CITY, FL Zip Code: 33565

**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] Paul R. Leroy DATE: 4/19/2000  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐ **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                                  |   |
|--|---------------------------------|--|---|
| <b>TITLE</b><br>D<br><b>NAME</b><br>FULLER, CHARLES D<br><b>STREET ADDRESS</b><br>10108 LAKE COVE LANE<br><b>CITY-ST-ZIP</b><br>TAMPA FL       | <input type="checkbox"/> Delete | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>DPST<br><b>NAME</b><br>LEROY, PAUL R<br><b>STREET ADDRESS</b><br>8701 TANTALLON CIRCLE<br><b>CITY-ST-ZIP</b><br>TAMPA FL       | <input type="checkbox"/> Delete | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>D<br><b>NAME</b><br>WILSON, GARY WAYNE<br><b>STREET ADDRESS</b><br>15025 LAUREL COVE CIRCLE<br><b>CITY-ST-ZIP</b><br>ODESSA FL | <input type="checkbox"/> Delete | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>   | <input type="checkbox"/> Delete | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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**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] Paul R. Leroy **4/19/2000** **813.949.4954**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)