

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K04382

1. Entity Name
VIDEO BAR, INC.

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

09-13-2000 90044 040 ***550.00

Principal Place of Business

23100 SR 54
LUTZ FL 33549
US

Mailing Address

23100 S.R. 54
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

32747 Knollwood Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Zephyrhills FL

4. FEI Number

59-2865329

Applied For

Not Applicable

Zip

Country

Zip

Country

33544 USA

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

O'DONNELL, CYNTHIA LEE
32747 KNOLLWOOD LANE
501 E. KENNEDY BLVD.
ZEPHYRHILLS FL 33544

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 \$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 PD
NAME O'DONNELL, CINDY
STREET ADDRESS 32747 KNOLLWOOD LANE
CITY-ST-ZIP ZEPHYRHILLS FL

☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia L. O'Donnell

Date

Daytime Phone #

362 -
Cynthia L. O'Donnell 8-23-00 588-2512

CR2E034 (5/00)