

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90328 041 ***158.75

DOCUMENT # K30509

1. Entity Name

STRAWBERRY RIDGE, INC.

Principal Place of Business

**11300 4TH STREET NORTH
200
ST PETERSBURG FL 33716
US**

Mailing Address

**P O BOX 22550
ST PETERSBURG FL 33742-2550
US****C0030309**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2904604**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEMBLER, M. STEVEN
11300 4TH STREET NORTH SUITE 200
ST PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	YOUNG, ROBERT B	
STREET ADDRESS	11300 4TH STREET NORTH SUITE 200	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SEMBLER, M. STEVEN	
STREET ADDRESS	11300 4TH STREET NORTH SUITE 200	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	GASKIN, MICHAEL K	
STREET ADDRESS	11300 4TH STREET NORTH SUITE 200	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	

TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, DARIAN W	
STREET ADDRESS	11300 4TH STREET NORTH SUITE 200	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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CITY-ST-ZIP		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Steven Sembler, President**1/15/01**

Date

(727) 577-5522

Daytime Phone #

CR2E034 (10/00)