

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42945

1. Entity Name

F AND G CO. OF TAMPA, INC.

Principal Place of Business

Mailing Address

3333 W KENNEDY BLVD
#207
TAMPA FL 33609
US

3333 W KENNEDY BLVD
#207
TAMPA FL 33609-2953
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPEIGELFELD, ALLEN VON
501 EAST KENNEDY BOULEVARD
SUITE 1800
TAMPA FL 33602

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, 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

TITLE **D** ☐ Delete
NAME **PUNDSACK, ROBERT N.**
STREET ADDRESS **3333 W KENNEDY BLVD #207**
CITY-ST-ZIP **TAMPA FL**

TITLE **VP** ☐ Delete
NAME **CLEMENT, JOHN F**
STREET ADDRESS **259 E SCENIC DR**
CITY-ST-ZIP **PASS CHRISTIAN MS**

TITLE **SECRETARY** ☐ Delete
NAME **CLIFTON J. ST. PIERRE**
STREET ADDRESS **3520 General DeGaulle Dr**
CITY-ST-ZIP **New Orleans, LA 70114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **CLIFTON J. ST. PIERRE**
CITY-ST-ZIP **3520 General DeGaulle Dr**
New Orleans, LA 70114

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

01-2000

(228) 452-0618

Date

Daytime Phone #

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90010 005 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2747995**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required