## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2000 8:00 am **DOCUMENT # K71924** Secretary of State **EVENTMAKERS CORPORATION** 02-07-2000 90056 040 \*\*\*150.00 Principal Place of Business Mailing Address 3701 W AZEELE ST 3701 W. AZEELE STREET TAMPA FL 33609-28071 TAMPA FL 33609 44444444 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2940107 Not Applicable Country Zip **\$8.75** Additional --Zip Country -5.~Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEFANY, BARBARA J. Street Address (P.O. Box Number is Not Acceptable) 808 BAYSIDE DR. **TAMPA FL 33609** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITI F NAME STEFANY, DARRELL R NAME STREET ADDRESS STREET ADDRESS **402 SHORECREST DR** CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33609** Change ☐ Addition ☐ Delete TITLE TITLE PASSATH, KRISTIN L NAME NAME STREET ADDRESS 4417 ESTRELLA ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 -☐ Change ☐ Addition TITLE Detete בי בפועד STEFANY, BARBARA NAME NAME 808 BAYSIDE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33609 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR