

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L36287

1. Entity Name

PILGRIM CORPORATION

Principal Place of Business

Mailing Address

3014 HORATIO ST
TAMPA FL 33609

3014 HORATIO ST
TAMPA FL 33609-4122

2. Principal Place of Business

1330 S. Killian Drive

3. Mailing Address

P.O. Box 1185

Suite, Apt. #, etc.

Lake Park, FL

Suite, Apt. #, etc.

West Palm Beach, FL

City & State

City & State

Zip

33403

Country

Zip

33402

Country

6. Name and Address of Current Registered Agent

ROCKER, CHARLES L. JR
3014 HORATIO ST
TAMPA FL 33609

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	DP	<input checked="" type="checkbox"/> Delete
NAME	ROCKER, CHARLES L. JR	
STREET ADDRESS	3014 HORATIO ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GODWIN, MELVIN E.	
STREET ADDRESS	3014 HORATIO ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EBBS, SARAH K.	
STREET ADDRESS	3014 HORATIO ST.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter G. Urba	
STREET ADDRESS	1330 S. Killian Dr.	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Louis D. Emory	
STREET ADDRESS	1005 Oxford Street	
CITY-ST-ZIP	Longwood, FL 32750	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alishia L. Urba	
STREET ADDRESS	1330 S. Killian Dr	
CITY-ST-ZIP	Lake Park, FL 33403	
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		
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:

Peter G. Urba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER G. URBA

1-10-2000

561-845-7050

Date

Daytime Phone #

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

01-31-2000 90060 001 ***750.00

4862



DO NOT WRITE IN THIS SPACE