

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90055 013 ***150.00

DOCUMENT # L43165

1. Entity Name
LAND OF LAKES AMUSEMENTS, INC.

Principal Place of Business

~~9500 NORTH TRASK~~
~~TAMPA FL 33624~~
~~US~~

Mailing Address

211 SO. DALE MABRY
TAMPA FL 33609
US

2. Principal Place of Business

6017 Land of Lakes Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Land of Lakes, FL

City & State

Zip

Country

34639

USA

Zip

Country

4. FEI Number **59-2983772**

Applied For
 Not Applicable

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

JONES, STEPHEN W
211 SOUTH DALE MABRY HIGHWAY
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DPST**
 STREET ADDRESS **SEDLIMAYR, ANN M**
 CITY-ST-ZIP **9500 N TRASK**
TAMPA FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6017 Land of Lakes Blvd.**
 CITY-ST-ZIP **Land of Lakes FL 34639**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DEWITT, ELIJAH**
 CITY-ST-ZIP **9500 NORTH TRASK AVENUE**
TAMPA FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6017 Land of Lakes Blvd.**
 CITY-ST-ZIP **Land of Lakes FL 34639**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 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

03/25/01

46 813-875-0810

Date

Daytime Phone #

CR2E034 (10/00)