

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62212

1. Entity Name

PASTIME BILLIARD SUPPLY, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90210 038 \*\*\*150.00

Principal Place of Business

Mailing Address

% DAVID A. GREGORY  
3244-4 NORTH MONROE ST.  
TALLAHASSEE FL 32303

% DAVID A. GREGORY  
3244-4 NORTH MONROE ST.  
TALLAHASSEE FL 32303-2862

2. Principal Place of Business

4338 Maylor Rd

3. Mailing Address

4338 MAYLOR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-3006497

Applied For

Not Applicable

Zip

Country

32308

USA

Zip

Country

32308

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREGORY, DAVID ALAN  
3244-4 N. MONROE ST.  
TALLAHASSEE FL 32303

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, 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 GREGORY, JAMES D., SR.  
STREET ADDRESS 3244-4 N. MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete  
NAME GREGORY, DAVID ALAN  
STREET ADDRESS 3244-4 N. MONROE STREET  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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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:

*David Alan Gregory*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00 877-2676

Date

Daytime Phone #

CR2E034 (9/99)