

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L65469

1. Entity Name

TEMBO PRODUCTIONS NORTH AMERICA, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90045 030 ***150.00

Principal Place of Business

Mailing Address

1730 TREE BLVD
UNIT 2
ST AUGUSTINE FL 32086
US

1730 TREE BLVD
UNIT 2
ST AUGUSTINE FL 32086-4193
US

810421



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1730 Tree Boulevard

Suite, Apt. #, etc.

Unit 2

City & State

St. Augustine, Florida

Zip

32086

Country

USA

3. Mailing Address

1730 Tree Boulevard

Suite, Apt. #, etc.

Unit 2

City & State

St. Augustine, Florida

Zip

32086

Country

USA

4. FEI Number

59-3002200

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

LAHTI, BRUCE M.
1730 TREE BLVD
UNIT 2
ST AUGUSTINE FL 32086

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 WHITTAKER, ROGER H B
STREET ADDRESS CUBBERLEY HOUSE, HOMME GREEN, ROSS-ON-WYE
CITY-ST-ZIP HEREFORDSHIRE EN

TITLE PD ☐ Delete
NAME WHITTAKER, NATALIE
STREET ADDRESS CUBBERLEY HOUSE, HOMME GREEN, ROSS-ON-WYE
CITY-ST-ZIP HEREFORDSHIRE EN

TITLE VASD ☐ Delete
NAME LAHTI, BRUCE M.
STREET ADDRESS 1730 TREE BLVD UNIT 2
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE S ☐ Delete
NAME DRAPOS, ALEXANDER
STREET ADDRESS THE GUARANTY BLDG, 12TH FLOOR, 370 MAIN ST
CITY-ST-ZIP WORCESTER MA

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

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

☐ Change ☐ Add

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce M. Lahti, Vice President

1/31/00

Date

904-808-4772

Daytime Phone #