

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90112 037 ****61.25

DOCUMENT # NO1000001293

1. Entity Name

FIESTA DEL SOL AL SOL, INC.



Principal Place of Business

**ONE PROGRESS PLAZA
200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33701**

Mailing Address

**ONE PROGRESS PLAZA
200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3707252**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GILES, JOEL B ESQ.
CARLTON FIELDS, P.A.
200 CENTRAL AVE. SUITE 2300
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name **CFRA, LLC**
Street Address (P.O. Box Number is Not Acceptable) **777 South Harbour Island Boulevard 5th Floor**
City **Tampa** FL Zip Code **33602-5730**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joel B. Giles

April 9, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GILES, JOEL B**
STREET ADDRESS **200 CENTRAL AVENUE, SUITE 2300**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **MACDOUGALD, JAMES B**
STREET ADDRESS **260 FIRST AVENUE SOUTH SUITE 110**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **DAVID, RICHARD**
STREET ADDRESS **14014 ROOSEVELT BLVD SUITE 704**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **D** ☐ Delete
NAME **SLOAN, RUSS**
STREET ADDRESS **100 SECOND AVENUE NORTH SUITE 150**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **ZACHARCHUK, JAN**
STREET ADDRESS **100 SECOND AVENUE NORTH SUITE 150**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Joel B. Giles, Director

April 9, 2003

CR2E037 (10/02)