

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N36639**

1. Entity Name

**DISTRICT SIX, INC.**

Principal Place of Business

2918 W KENNEDY BLVD  
TAMPA FL 33609  
US

Mailing Address

2918 W KENNEDY BLVD  
TAMPA FL 33609-3104  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-2992605

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

PIKLOR, NANNETTE M  
1330 CLEVELAND ST  
PO BOX 1259  
CLEARWATER FL 34617

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINGATE, NANCY 1003 S ALEXANDER STREET PLANT CITY FL 33566	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HONEYCUTT, JEAN 6014 U.S. HIGHWAY 19 NEW PORT RICHEY FL 34656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENY, RICHARD 38039 5TH AVENUE ZEPHYR HILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUSTIN, CAROL A 2918 W KENNEDY BLVD TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, NANCY 3401 4TH STREET ST PETERSBURG FL 33704	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CONNIE 10960 N 56TH STREET TEMPLE TERRACE FL 33617	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Riley, Nancy 3401 4th St. St. Petersburg, FL 33704	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Scaglione, Tom 12966 N. Dale Mabry Hwy. Tampa, FL 33618	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rogers, Phil 31560 U.S. Hwy 19 N. Palm Harbor, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sanders, Sue 5610 6th St. Zephyrhills, FL 33541	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mountain, Peggy 4925 Cross Bayou Blvd. New Port Richey, FL 34656	<input type="checkbox"/> Change <input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED****Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90008 031 \*\*\*\*61.25

C0003520



DO NOT WRITE IN THIS SPACE

*SIGNATURE REQUIRED*

1/14/2000

813-879-7016