

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N36639**

1. Entity Name

DISTRICT SIX, INC.

Principal Place of Business

Mailing Address

2918 W KENNEDY BLVD
TAMPA FL 33609
US2918 W KENNEDY BLVD
TAMPA FL 33609
US

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

59-2992605

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

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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME RILEY, NANCY
STREET ADDRESS 3401 4TH ST
CITY-ST-ZIP SAINT PETERSBURG FL 33704TITLE PD ☒ Change ☐ Addition
NAME Scaglione, Tom
STREET ADDRESS 12966 N. Dale Mabry Hwy.
CITY-ST-ZIP Tampa, FL 33618TITLE VPD ☒ Delete
NAME SCAGLIONE, TOM
STREET ADDRESS 12966 N-DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33618TITLE VPD ☐ Change ☒ Addition
NAME Neiman, Laura
STREET ADDRESS 8106 U.S. 19
CITY-ST-ZIP Port Richey, FL 34668TITLE SD ☒ Delete
NAME ROGERS, PHIL
STREET ADDRESS 31560 US HWY 19 N
CITY-ST-ZIP PALM HARBOR FL 34684TITLE SD ☐ Change ☒ Addition
NAME Barr, Larry
STREET ADDRESS 1022 Land O'Lakes Blvd.
CITY-ST-ZIP Lutz, FL 33549TITLE TD ☐ Delete
NAME AUSTIN, CAROL A
STREET ADDRESS 2918 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☒ Delete
NAME SANDERS, SUE
STREET ADDRESS 5610 6TH ST
CITY-ST-ZIP ZEPHYRHILLS FL 33541TITLE D ☐ Change ☒ Addition
NAME McCall, Mary
STREET ADDRESS 14823 N. Dale Mabry Hwy.
CITY-ST-ZIP Tampa, FL 33618TITLE D ☒ Delete
NAME MOUNTAIN, PEGGY
STREET ADDRESS 4925 CROSS BAYOU BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34656TITLE D ☐ Change ☒ Addition
NAME Prilliman, Mike
STREET ADDRESS 4947 Coats Rd
CITY-ST-ZIP Zephyrhills, FL 33541

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 16, 2001 8:00 am
Secretary of State

01-16-2001 90070 016 ****61.25

00003685

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)