

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36639

1. Entity Name

DISTRICT SIX, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90072 001 ****61.25

0040302

Principal Place of Business

2918 W KENNEDY BLVD
TAMPA FL 33609
US

Mailing Address

2918 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

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

7. Name and Address of New Registered Agent

Name

Carol Austin

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

2918 W. Kennedy Blvd.

City

Tampa

FL

Zip Code

33609

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

Carol A. Austin

Carol A. Austin

1/29/02

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 VPD ☐ Delete
NAME NEIMAN, LAUDA
STREET ADDRESS 8106 US 19
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE PD ☐ Delete
NAME SCAGLIONE, TOM
STREET ADDRESS 12966 N DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

TITLE SD ☐ Delete
NAME BARR, LARRY
STREET ADDRESS 1022 LAND O LAKES BLVD
CITY-ST-ZIP LUTZ FL 33549

TITLE TD ☐ Delete
NAME AUSTIN, CAROL A
STREET ADDRESS 2918 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609

TITLE D ☐ Delete
NAME MCCALL, MARY
STREET ADDRESS 14823 N DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618

TITLE D ☐ Delete
NAME PRILLMAN, MIKE
STREET ADDRESS 4927 COATS ROAD
CITY-ST-ZIP ZEPHYRHILLS FL 33541

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Change ☐ Addition
NAME Michael Bindman
STREET ADDRESS 13700 Park Blvd.
CITY-ST-ZIP Seminole, FL 33776

TITLE PD ☒ Change ☐ Addition
NAME Mary McCall
STREET ADDRESS 14823 N. Dale Mabry Hwy.
CITY-ST-ZIP Tampa, FL 33618

TITLE SD ☒ Change ☐ Addition
NAME Susanna Madden
STREET ADDRESS 14823 N. Dale Mabry Hwy.
CITY-ST-ZIP Tampa, FL 33618

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

TITLE D ☒ Change ☐ Addition
NAME Ginny Ryan
STREET ADDRESS 15435 N. Florida Avenue
CITY-ST-ZIP Tampa, FL 33613

TITLE D ☒ Change ☐ Addition
NAME Kim Ketron
STREET ADDRESS 23026 SR 54
CITY-ST-ZIP Lutz, FL 33549

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:

Carol A. Austin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol A. Austin, Treasurer 1/29/02 813-877-7010

Date

Daytime Phone #

CR2E037 (9/01)