2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9200000712 Feb 03, 2000 8:00 am Secretary of State THE SCHWARZKOPF CUP, INC. 02-03-2000 90012 001 ****61.25 Principal Place of Business Mailing Address 400 NORTH ASHLEY STREET 400 NORTH ASHLEY STREET SUITE 3050 SUITE 3050 TAMPA FL 33602-4314 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3132298 Not Applicable Country___ \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SCHWARZKOPF, H N **400 NORTH ASHLEY STREET SUITE 3050** Zip Code City TAMPA FL 33602 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Delete TITI F TITLE NAME SCHWARZKOPF, H. NORMAN NAME STREET ADDRESS STREET ADDRESS 400 NORTH ASHLEY STREET, SUITE 3050 CITY-ST-ZIP CITY_ST_ZIP. TAMPA-FL-33602-----Change ☐ Addition ☐ Delete TITLE TITLE D SCHWARZKOPF, BRENDA NAME NAME STREET ADDRESS STREET ADDRESS 400 NORTH ASHLEY STREET, SUITE 3050 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL<u>33602</u> ☐ Addition ☐ Delete Change TITLE NAME WILLIAMS, LYNN STREET ADDRESS STREET ADDRESS 400 NORTH ASHLEY STREET, SUITE 3050 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33<u>602</u> Change Addition D ☐ Delete TITLE GRABILL, BRAD NAME STREET ADDRESS STREET ADDRESS 7802 PROFESSIONAL PLACE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33637 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP ☐ Change Addition ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida Statutes: I further certify that the information indicated on this report or supplemental profit 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 of the release the 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 atta address, with all other like emp

STREET ADDRESS

SIGNATURE

STREET ADDRESS CITY-ST-ZIP