

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2000 8:00 am**  
**Secretary of State**

09-15-2000 90002 043 \*\*\*\*61.25

**DOCUMENT # N96000002014**

1. Entity Name

**ENTERTAINMENT REVUE, INC.**

*P*

Principal Place of Business

**PARK**  
**2620 PK VIEW**  
**TAMPA FL 33629**

Mailing Address

**2620 PARK VIEW AVENUE**  
**TAMPA FL 33629**

2. Principal Place of Business

**2620 Parkview**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa FL**

City & State

4. FEI Number

**59-3522129**

Applied For

Not Applicable

Zip

**33629**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEVENS, CYNTHIA**  
**2620 PARK VIEW AVENUE**  
**TAMPA FL 33629**

7. Name and Address of New Registered Agent

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**

**After September 13, 2000 min. will be \$236.25**

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 **D** ☐ Delete  
NAME **STEVENS, CYNTHIA**  
STREET ADDRESS **2620 PARK VIEW AVENUE**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete  
NAME **GRIES, ROBERT D JR.**  
STREET ADDRESS **2620 PARK VIEW AVENUE**  
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **D** ☐ Delete  
NAME **FISS, HERB JR.**  
STREET ADDRESS **15310 AMBERLY DRIVE, STE. 250**  
CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/13/00 (813) 832-4720**

Date

Daytime Phone #

CR2E037 (5/00)