

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002685

1. Entity Name

PYCC COUNCIL, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90076 027 ****61.25

Principal Place of Business

5950 PELICAN BAY PLAZA
#1102
GULFPORT FL 33707
US

Mailing Address

5950 PELICAN BAY PLAZA
#1102
GULFPORT FL 33707-3961
US

LU003013



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5906 SKINNER PT BLVD
Suite, Apt. #, etc.

3. Mailing Address

5932 SEABIRD DR So
Accounting OFFICE
Suite, Apt. #, etc.

City & State

GULFPORT, FL

City & State

GULFPORT, FL

4. FEI Number

59-3382970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BACON, DAVID A
2959 1ST AVE N
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code
33713-8682

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	PD	<input type="checkbox"/> Delete
NAME	BARTHOLOMAE, JOHN J	
STREET ADDRESS	5906 SKINNER POINT BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, J W	
STREET ADDRESS	5950 PELICAN BAY PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, KAPLAN J	
STREET ADDRESS	2775 KIPPS COLONY DR #206	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KOSLOW, RICHARD	
STREET ADDRESS	5950 PELICAN BAY PLAZA	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SOMMERVILLE, ARTHUR A	
STREET ADDRESS	2775 KIPPS COLONY DR., #102	
CITY-ST-ZIP	GULFPORT FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETRANY, ZOLTAN	
STREET ADDRESS	6131 PASADENA POINT BLVD	
CITY-ST-ZIP	GULFPORT FL 33707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5906 SKINNER PT BLVD S
STREET ADDRESS	GULFPORT, FL 33707-3938
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD
STREET ADDRESS	ALBERT F Foster
CITY-ST-ZIP	5932 SEABIRD DR South
	ST. PETERSBURG, FL 33707-3936
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD
STREET ADDRESS	MARK OLIVIA
CITY-ST-ZIP	7862 SAIL BOAT KEY BLVD S
	South Pasadena, FL 33707-6358
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5950 PELICAN BAY PLZ Apt 1102
STREET ADDRESS	GULFPORT, FL 33707-3961
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6131 PASADENA Point BLVD S
STREET ADDRESS	GULFPORT, FL 33707-3876
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/2000 (727) 341-1444