

2000 UNIFORM BUSINESS REPORT (UBR)

8/2/

FILED
Aug 21, 2000 8:00 am
Secretary of State

08-02-2000 90152 046 ****61.25

DOCUMENT # N98000004049

1. Entity Name

PYTHIAN LODGE HOLDING CORPORATION



Principal Place of Business

732 DOUGLAS AVE
DUNEDIN FL 34698

Mailing Address

119 9TH STREET
BELLEAIR BEACH FL 33786

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

59-3600930

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ARTHUR C
119 9TH STREET
BELLEAIR BEACH FL 33786

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 ☐ Delete
NAME **D**
STREET ADDRESS **SIMMONS, TIM**
CITY-ST-ZIP **1443 DARTMOUTH DRIVE**
CLEARWATER FL 34618

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **MILLER, ARTHUR C**
CITY-ST-ZIP **119 9TH STREET**
BELLEAIR BEACH FL 33786

TITLE ☒ Delete
NAME **TD**
STREET ADDRESS **MILLER, GARY C**
CITY-ST-ZIP **1620 N. MCMULLEN BOOTH ROAD**
CLEARWATER FL 33579

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 **TD**
STREET ADDRESS **Robert Simmons, Jr.**
CITY-ST-ZIP **4120 Cockroach Bay Road, Lot 166,**
Ruskin, Florida 33570

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

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 **Arthur C. Miller, SD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-29-00

Daytime Phone #

CR2E037 (5/00)