

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006382

1. Entity Name

POLK COUNTY PARROTHEAD PIRATES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90116 033 ****61.25

Principal Place of Business
101 WEST MAIN ST.,STE.170
LAKELAND FL 33815

Mailing Address
P.O. BOX 1074
LAKELAND FL 33802-1074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
114 East Edgewood Dr.
Suite, Apt. #, etc.
Lakeland

3. Mailing Address
Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State

4. FEI Number
59-3529385
APPLIED FOR
Applied For
Not Applicable

Zip
33803-4015
Country
USA

Zip
Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SANOBIA, GREGORY A ESQ.
101 WEST MAIN ST.,STE.170
LAKELAND FL 33815

7. Name and Address of New Registered Agent
Name
Gregory A. Sanobia
Street Address (P.O. Box Number is Not Acceptable)
114 East Edgewood Dr.
City
Lakeland FL Zip Code
33803-4015

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
Gregory A. Sanobia
(NOTE: Registered Agent signature required when reinstating)
DATE
2-28-00

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	CHRISTENSEN, ERIC	
STREET ADDRESS	PO BOX 1074	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, BART	
STREET ADDRESS	PO BOX 1074	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASWELL, KEVIN	
STREET ADDRESS	PO BOX 1074	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, DARLENE	
STREET ADDRESS	PO BOX 1074	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	D	<input type="checkbox"/> Delete
NAME	COFFMAN, DOUG	
STREET ADDRESS	PO BOX 1074	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V. P. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treas. D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. M. Frazier	
STREET ADDRESS	P.O. Box 1074	
CITY-ST-ZIP	Lakeland FL 33802-1074	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Michael J. Frazier **REQUIRED** 2/3/00 (941) 646-9583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)