

2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-16-2000 90031 043 ****61.25

DOCUMENT # N99000003741

1. Entity Name

FLORIDA ALLSTARS, INC.

R

Principal Place of Business

Mailing Address

308 W. ROBERTSON ST.
 BRANDON FL 33511

308 W. ROBERTSON ST.
 BRANDON FL 33511-5117

2. Principal Place of Business

1921 Erin Brooke DR

3. Mailing Address

1921 Erin Brooke DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico, FL

Zip

33594

Country

US

Zip

33594

Country

US

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FISHER, TERRANCE P
 308 W. ROBERTSON ST.
 BRANDON FL 33511

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 FISHER, TERRANCE P
 308 W. ROBERTSON ST.
 BRANDON FL 33511

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 MARTINEZ, LINDA
 7910 SHORE BLUFF CT.
 TEMPLE TERRACE FL 33637

TITLE ☐ Change ☐ Addition

TITLE ☒ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 ROLAND, ALICE
 16515 NORWOOD DR.
 TAMPA FL 33624

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 FISHER, TERRY L
 1206 CALLISTA AVE.
 VALRICO FL 33594

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Kristen M. Fisher
 1206 Callista Ave
 Valrico FL 33594

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

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 Terrance P Fisher

Date

Daytime Phone #

4/2/00 813-643-6111

CR2E037 (9/99)