

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90381 024 ***150.00

DOCUMENT # P00000071400

1. Entity Name

EURO 951 GLENWOOD, INC.

Principal Place of Business

**4350 WEST CYPRESS STREET SUITE 250
TAMPA FL 33607**

Mailing Address

**4350 WEST CYPRESS STREET SUITE 250
TAMPA FL 33607**

2. Principal Place of Business

3. Mailing Address

Suit **4300 W. Cypress Street** Suite **4300 W. Cypress Street**
City **Suite 1075** City **Suite 1075**
Tampa, FL 33607 **Tampa, FL 33607**

Zip Country Zip Country

4. FEI Number **59-3666750**

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

AMEURCO MANAGEMENT, INC.
4350 WEST CYPRESS STREET SUITE 250
TAMPA FL 33607

Name
Street **4300 W. Cypress Street, Suite 1075**
City **Tampa, FL 33607**

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 **BRUCE D. BURDGE** **APR 4 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **EVP** ☐ Delete
NAME **BURDGE, BRUCE D**
STREET ADDRESS **4350 WEST CYPRESS STREET SUITE 250**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME **4300 W. Cypress Street**
STREET ADDRESS **Suite 1075**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRUCE D. BURDGE**
Signature and typed or printed name of signing officer or director

EXECUTIVE VICE PRESIDENT **APR 4 2002** **813-353-8800**

Date Daytime Phone #

CR2E034 (9/01)