

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056824

1. Entity Name
THE FUN FACTORY GROUP, INC.

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90090 047 ***558.75

Principal Place of Business

1780 MAIN STREET
SUITE D
DUNEDIN FL 34698

Mailing Address

1780 MAIN STREET
SUITE D
DUNEDIN FL 34698

2. Principal Place of Business

3. Mailing Address

1110 FAIRWAY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUNEDIN

4. FEI Number

65-114-6531

Applied For

Not Applicable

Zip

Country

Zip

Country

34698

Pinellas

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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

JAMES L. HENNAGIR

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

1110 FAIRWAY DR

City

DUNEDIN

FL

Zip Code

34698

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

James L. Hennagir

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Sep. 10th 2002

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 PSTD
NAME HENNAGIR, JAMES L
STREET ADDRESS 1780 MAIN STREET SUITE D
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
James L. Hennagir

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep. 10th 2002

Date

727-735-9440

Daytime Phone #

CR2E034 (9/01)