

2000 UNIFORM BUSINESS REPORT (UBR)

0002784

DOCUMENT # P34831

1. Entity Name
ADVA-LITE, INC.

FILED

00 FEB 16 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7340 BRYAN DAIRY ROAD
LARGO FL 33777

Mailing Address
2665 S BAYSHORE DRIVE
SUITE 800
MIAMI FL 33133-5401
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3073999

Applied For
Not Applicable

Zip

Country

Zip

Country

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

~~KLEIN, PETER W.~~
2665 S. BAYSHORE DRIVE
SUITE 800
MIAMI FL 33131

Name *Maria C. Callejas*
Street Address (P.O. Box Number is Not Acceptable)
100003145181--7
-02/23/00--01098--007
City ****150.0 PL ***150.00*

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 *Maria C Callejas* DATE *1/6/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	CTA POLLO, DONALD L 7340 BRYAN DAIRY ROAD LARGO FL 33777	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLEIN, PETER W. 2665 S BAYSHORE DRIVE #800 MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KUFFNER, MARILYN D. 2665 S BAYSHORE DRIVE #800 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIP T. GEORGE 2665 S BAYSHORE DIRVE #800 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOB POWELL, EARL W. 2665 S BAYSHORE DRIVE #800 MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HANKS, DARRYL E 7340 BRYAN DAIRY ROAD LARGO FL 33777	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P Keith H. Olivitt 7340 Bryan Dairy Road Largo FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Troy D. Templeton 2665 S. Bayshore Dr., 8th FL Miami FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-M James F. Whalen 7340 Bryan Dairy Road Largo, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S Tom B. Stauffer 7340 Bryan Dairy Rd. Largo, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S+M Tommy M. Oddo 7340 Bryan Dairy Rd. Largo, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: *1-17-00* 305/858-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

SP