

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *093000011706*

1. Entity Name

SNOWBANK CAPITAL CORPORATION

Principal Place of Business

Mailing Address

TAMPA

*TWO URBAN CENTRE
4890 PRESIDENT KENNEDY
SUITE 130
TAMPA FLORIDA 33609*

FILED

00 FEB -3 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

TWO URBAN CENTRE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4890 PRES. KENNEDY W. # 130

City & State

City & State

TAMPA FLORIDA

Zip

Country

Zip

Country

33609 USA

4. FEI Number

59-3164922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHRIS HARRIS

Name

CHRIS HARRIS

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

TWO URBAN CENTRE

PRESIDENT 4890 PRESIDENT KENNEDY #130

City

TAMPA

FL

Zip Code

33609

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

01/28/2000

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 *PRESIDENT* ☐ Delete
NAME *CHARLES D'ANGELO*
STREET ADDRESS *MIDSHIPMAN ROAD P.O. BOX F. 42524*
CITY-ST-ZIP *FREEPORT BANANAS*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
000003129830-0
-02/09/00--01084--007
*****150.00 ****150.00*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Jan 00

Date

813-250-2842

Daytime Phone #

CR2E034 (9/99)