## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

**SIGNATURE:** 

## **FILED** Mar 04, 2000 8:00 am Secretary of State DOCUMENT # **P93000023025** GOLDEN BEAR OF PINELLAS, INC. 03-04-2000 90084 048 \*\*\*150.00 Principal Place of Business Mailing Address 12450 STARKEY ROAD 12450 STARKEY ROAD SUITE 400 LARGO FL 34643 LARGO FL 33773-2613 us US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3172242 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7.\_Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGATOS, CHRIS Street Address (P.O. Box Number is Not Acceptable) 12450 STARKEY ROAD SUITE 400 **LARGO FL 34643** Zip Code r the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE le it applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ☐ Change ☐ Addition ☐ Delete TITLE TITLE GEORGATOS, CHRIS NAME NAME 11201 TRADEWINAS BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS 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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if