

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P93000042398**

1. Entity Name

**EURO AMERICAN MANAGEMENT, INC.**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90014 002 \*\*\*150.00

Principal Place of Business C/O EURO AMERICAN MANAGEMENT, INC. 4350 WEST CYPRESS STREET, SUITE 250 TAMPA FL 33607 US	Mailing Address 4350 W CYPRESS STREET, STE 250 SUITE 250 TAMPA FL 33607-4190 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0428436</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

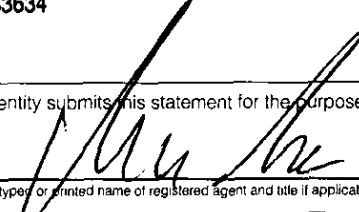
**6. Name and Address of Current Registered Agent**

**BESSEM, HERMAN**  
**4350 W CYPRESS STREET, STE 250**  
**TAMPA FL 33634**

**7. Name and Address of New Registered Agent**

Name: **Ameurco Management, Inc**  
 Street Address (P.O. Box Number is Not Acceptable): **4350 W Cypress street**  
**Suite 250**  
 City: **Tampa** FL Zip Code: **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:  (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>BESSEM, HERMAN</b> <b>4350 W CYPRESS STREET, STE 250</b> <b>TAMPA FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>BESSEM, HERMAN</b> <b>KONINGINNEGRACHT 7, 2514 AA DE HAAG</b> <b>THE NETHERLANDS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bruce D. Burdge</b> <b>4350 W Cypress street, ste 250</b> <b>Tampa, FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kristen Kennedy Showalter</b> <b>4350 W. Cypress St., Suite 250</b> <b>Tampa, FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Frank Bombaeck</b> <b>4350 W. Cypress St., Suite 250</b> <b>TAMPA FL 33607</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (9/99)