

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000060155

1. Entity Name

BTR MANAGEMENT COMPANY, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90027 031 ***150.00

Principal Place of Business

Mailing Address

1610 N MYRTLE AVE
CLEARWATER FL 34615
US

1610 N MYRTLE AVE
CLEARWATER FL 33755-2549
US

A0003020



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 59-3200781

Applied For
Not Applicable

Zip
33755

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

KEGLER, TODD
1610 M MYRETTE AVE
CLEARWATER FL 34625

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

1610 N. Myrtle Ave
City CLEARWATER FL Zip Code 33755

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

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 ☐ Delete
NAME D KUGLER, BRAD
STREET ADDRESS 1610 N MYRTLE AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33755

TITLE ☐ Delete
NAME D KUGLER, TODD
STREET ADDRESS 1610 N MYRTLE AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33755

TITLE ☐ Delete
NAME D KUGLER, RYAN
STREET ADDRESS 1610 N MYRTLE AVE
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 33755

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00

727 447 4142

CR2E034 (9/99)