

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 18, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000034415**1. Entity Name  
CRANE CITY AMUSEMENTS INC.

## Principal Place of Business

4220 SALTWATER BLVD

TAMPA

33615

FL

US

## Mailing Address

4220 SALTWATER BLVD

TAMPA

33615

US

FL

## 2. Principal Place of Business

4220 SALTWATER BLVD

## 3. Mailing Address

4220 SALTWATER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

TAMPA

FL

## City &amp; State

TAMPA

FL

## 4. FEI Number

59-3252230

Applied For

Not Applicable

## Zip

336155629

## Country

US

## Zip

336155629

## Country

US

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DAVIS PAUL C.  
ONE HARBOUR PLACE  
FIFTH FLOOR  
TAMPA  
33602

FL

US

## 7. Name and Address of New Registered Agent

## Name

BORER PETER F

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

4220 SALTWATER BLVD.

City  
TAMPA

FL

Zip Code  
FL 336155

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 **PETER F. BORER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/18/2000

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 PSTD ☐ Delete  
NAME BORER PETER F.  
STREET ADDRESS 4220 SALTWATER BLVD  
CITY-ST-ZIP TAMPA FL 33615TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Peter F. Borer

PSTD: 04/18/2000