## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P94000061767 Apr 05, 2000 8:00 am Secretary of State 1. Entity Name THE CONDOR GROUP INTERNATIONAL, INC. 04-05-2000 90090 029 \*\*\*150.00 Principal Place of Business Mailing Address 14501 MCCORMICK DR 101 MAIN STREET TAMPA FL 33626 SUITE B SAFETY HARBOR FL 34695-3656 3. Mailing Address 2. Principal Place of Business 531 MAIN Stree Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3259911 HARBOR Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired LSA. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILSON, WARD A SR Street Address (P.O. Box Number is Not Acceptable) 101 MAIN STREET SUITE B SAFETY HARBOR FL 34965 Zip Code FL 8. The al 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. **PSD** Change ☐ Addition TITLE TITLE ☐ Delete WILSON, WARD A SR NAME NAME 100 Pience Street # 502 4950 POINTE CIRCLE STREET ADDRESS STREET ADDRESS Cleanwater, FL 33756 CITY-ST-ZIP OLDSMAR FL 34677 CITY-ST-ZIP ☐ Addition VTD ☐ Change ☐ Delete TITLE TITLE BUSH, ROBERT A NAME NAME 3323 COBBS COURT STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE CASSIDY, ANDREW B NAME NAME 101 MAIN STREET STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE WELDON, ROBERT M NAME NAME 101 MAIN STREET STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL ☐ Addition ☐ Change TITLE TITLE Delete LOWERY, KHANH T NAME NAME 101 MAIN STREET STE B STREET ADDRESS STREET ADDRESS SAFETY HARBOR FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and of the corporation or the receiver of trustee empowered to does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director xecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if r like empowered. attachment wit SIGNATURE: AND TYPED OR PRINTED Date Daytime Phone #