

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077405

1. Entity Name

FESTA FACILITATORS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90048 010 ***155.00

Principal Place of Business

4119 GUAM HIGHWAY
SUITE 14
TAMPA FL 33624
US

Mailing Address

4508 OLD ORCHARD
TAMPA FL 33624-4654
US

00057241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4508 Old Orchard Dr.
Suite, Apt. #, etc.

3. Mailing Address

4508 Old Orchard Dr.
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3273721

Applied For

Not Applicable

Zip 33624-4654 Country USA

Zip 33624-4654

Country USA

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

MORRISON, THOMAS K
1200 WEST PLATT STREET
SUITE 100
TAMPA FL 33606

Name

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

City

FL

Zip Code

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 PD ☐ Delete
NAME JOHNSON, BRIGHAM
STREET ADDRESS 4508 OLD ORCHARD DRIVE
CITY-ST-ZIP TAMPA FL 33624

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

TITLE T ☐ Delete
NAME JOHNSON, DIANA
STREET ADDRESS 4508 OLD ORCHARD DR
CITY-ST-ZIP TAMPA FL 33624

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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, valid or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brigham N. Johnson 5/17/00 (813) 968-2972

CR2E034 (9/99)