2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2000 08:00 AM Secretary of State DOCUMENT # **P94000090939** CFI TAMPA FAIRGROUNDS FACTORY OUTLET, INC. Principal Place of Business Mailing Address 5601 WINDHOVER DRIVE 5601 WINDHOVER DRIVE ORLANDO \mathbf{FL} ORLANDO \mathbf{FL} 32819 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3292865 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARDER MICHAEL 135 W. CENTRAL BLVD. Street Address (P.O. Box Number is Not Acceptable) FLORLANDO US 32801 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TILE Addition ☐ Change NAME **DUGAN THOMAS** STREET ADDRESS STREET ADDRESS 5601 WINDHOVER DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO 32819 TITLE ☐ Delete TITLE DPTS Change ☐ Addition DPS NAME NAME SIEGEL **DAVID** SIEGEL DAVID Α STREET ADDRESS STREET ACCRESS 5601 WINDHOVER DRIVE **5601 WINDHOVER DRIVE** CITY-ST-ZIF ORLANDO FL 32819 CITY-ST-718 ORLANDO FL32819 TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8 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.