

2000 UNIFORM BUSINESS REPORT (UBR)

040603

DOCUMENT # P95000009589

1. Entity Name

OUT OF THE PARK, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 6:35

Principal Place of Business

550 NORTH REO STREET, SUITE 200
TAMPA FL 33609

Mailing Address

550 NORTH REO STREET, SUITE 200
TAMPA FL 33609-1096

2. Principal Place of Business

2202 North West Shore Boulevard
Suite, Apt. #, etc.

5th Floor
City & State
Tampa, Florida

33607 Country USA

3. Mailing Address

2202 North West Shore Boulevard
Suite, Apt. #, etc.

5th Floor
City & State
Tampa, Florida

33607 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0555519

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KADOW, JOSEPH J
550 N REO ST
SUITE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name Joseph J. Kadow

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

2202 N. West Shore Blvd., 5th Floor

City Tampa FL Zip Code 33607

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

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 DSP
NAME SULLIVAN, CHRIS T
STREET ADDRESS 550 N REO ST SUITE 200
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

4/6/00
Date

813/222225
Daytime Phone #

CR2E034 (9/99)