

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000043221

1. Corporation Name
FOURTH TAMPA BLIMPIE REALTY VENTURE, INC.

Principal Place of Business

% UNITED CORPORATE SERVICES, INC.
801 NE 167 ST., STE. 300
N. MIAMI BEACH FL 33162

Mailing Address

1775 THE EXCHANGE
600
ATLANTA GA 30339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

4. FEI Number

58-2180658

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167 ST., STE. 300
N. MIAMI BEACH FL 33162

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
SIEGEL, DAVID L
STREET ADDRESS
740 BROADWAY 12TH FL
CITY-ST-ZIP
NEW YORK NY 10003

TITLE ☐ DELETE

NAME
VSD
LEANESE, CHARLES G
STREET ADDRESS
740 BROADWAY 12TH FL
CITY-ST-ZIP
NEW YORK NY 10003

TITLE ☐ DELETE

NAME
D
SIEGEL, DAVID L
STREET ADDRESS
740 BROADWAY
CITY-ST-ZIP
NEW YORK FL 10003

TITLE ☐ DELETE

NAME
D
LEANESE, CHARLES G
STREET ADDRESS
740 BROADWAY
CITY-ST-ZIP
NEW YORK FL 10003

TITLE ☐ DELETE

NAME
T
MORGAN, JOSEPH
STREET ADDRESS
740 BROADWAY 12TH FLOOR
CITY-ST-ZIP
NEW YORK NY 10003

TITLE ☐ DELETE

NAME
P
POMPEO, PATRICK
STREET ADDRESS
740 BROADWAY 12TH FL
CITY-ST-ZIP
NEW YORK NY 10003

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***158.75 ***158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(C. LEANESE)

1/5/99
Date

(212)673-5900
Daytime Phone #

APPROVED
AND
FILED

99 JAN 11 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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