

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077208

1. Entity Name

CAROLE AND COMPANY PROPERTIES, INC.

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90027 043 \*\*\*150.00

Principal Place of Business

Mailing Address

8000 SEMINOLE BLVD  
 UNIT 1  
 SEMINOLE FL 33710  
 US

8000 SEMINOLE BLVD  
 UNIT 1  
 SEMINOLE FL 33772-4800  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3357219**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

KERBO, GARY  
 14261 82ND TERRACE N  
 SEMINOLE FL 33776

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	D <input type="checkbox"/> Delete
NAME	ZAPPALA, CAROLE
STREET ADDRESS	4950 GULF BLVD., #1007
CITY-ST-ZIP	ST. PETE BEACH FL 33706
TITLE	DP <input type="checkbox"/> Delete
NAME	JOHNSON, TODD
STREET ADDRESS	7219 THIRD AVE. S
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	D <input type="checkbox"/> Delete
NAME	SPOHN, JIM
STREET ADDRESS	1309 JUNGLE AVE. N
CITY-ST-ZIP	ST. PETERSBURG FL 33710
TITLE	D <input type="checkbox"/> Delete
NAME	KERBO, GARY
STREET ADDRESS	14261 82ND TERR. N
CITY-ST-ZIP	SEMINOLE FL 33776
TITLE	D <input type="checkbox"/> Delete
NAME	ZAPPALA, JOANNE
STREET ADDRESS	6621 8TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33710
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

*GARY KERBO*  
 GARY KERBO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00  
 Date

727-319-8706  
 Daytime Phone #

CR2E034 (9/99)