

2000 UNIFORM BUSINESS REPORT (UBR) \$300.00

DOCUMENT # P95 0000 91500 (5)
 Entity Name Flagler Family Trust Inc.

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 280 Viewmont Ave
 40055
 Toronto Ontario M6S 4K4
 Mailing Address 280 Viewmont Ave
 40055
 Toronto Ontario M6S 4K4

Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3349576	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

Gregory F. Boyer
 2502 Lake Ellen Lane
 Tampa FL 33618

7. Name and Address of New Registered Agent

Name Gregory F. Boyer
 Street Address (P.O. Box Number is Not Acceptable) 3017 W. Bayview Ave Suite A
 City Tampa FL Zip Code 33611

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  Gregory F. Boyer June 23 2000
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 \$5.00 May Be
 - Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Grazia Scopelliti 280 Viewmont Ave Suite 40055 Toronto Ontario M6S 4K4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS Terry Nero 280 Viewmont Ave Suite 40055 Toronto Ontario M6S 4K4 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tommassina Scopelliti - Lio 280 Viewmont Ave Suite 40055 Toronto Ontario M6S 4K4 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 ****308.75 ****308.75

AD

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:  TERRY NERO VICE-PRESIDENT June 23 2000 813-835-7256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)