

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000004597

1. Entity Name

FLORIDA POE HOLDING COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90177 005 ***150.00

Principal Place of Business

Mailing Address

... BAY ST
STE 400
TAMPA FL 33606

511 BAY ST
STE 400
TAMPA FL 33606-2700
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3354749

Applied For

Not Applicable

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

Name

JAN JACOB MEDER

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

511 BAY ST, SUITE 400

City

TAMPA

FL

Zip Code

33606

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

4-26-2000

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	DC	<input type="checkbox"/> Delete
NAME	POE, WILLIAM F SR.	
STREET ADDRESS	511 BAY ST STE 400	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	POE, CHARLES E	
STREET ADDRESS	70 LADOGA	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DX	<input type="checkbox"/> Delete
NAME	SMITH, KEREN P.	
STREET ADDRESS	525 SUWANEE CIR	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LUNSKIS, MARILYN P.	
STREET ADDRESS	74 COLUMBIA DR	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MITCHELL, JANICE P.	
STREET ADDRESS	119 HICKORY CREEK BLVD	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POE, WILLIAM F J	
STREET ADDRESS	511 W BAY STREET SUITE #400	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES E. WURDEMAN	
STREET ADDRESS	511 BAY ST, SUITE 400	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POE, CHARLES E.	
STREET ADDRESS	511 BAY ST, SUITE 400	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SECRETREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN JACOB MEDER	
STREET ADDRESS	12213 WOOD DUCK PLACE	
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

813-259-4000

Daytime Phone #

CR2E034 (9/99)