

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 am**
Secretary of State

02-07-2000 90017 007 ***158.75

DOCUMENT # P96000060989

1. Entity Name

LONG DRIVE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

**2801 E. HILLSBOROUGH
TAMPA FL 33680-1115****C/O J. BOB HUMPHRIES
501 E KENNEDY BLVD SUITE 1700
TAMPA FL 33602-5239**

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

NOT APPLICABLE

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****HUMPHRIES, J B
501 E KENNEDY BLVD
SUITE 1700
TAMPA FL 33602**

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DPST			
	GRIZZAFFE, CHARLES			
	2801 E HILLSBOROUGH			
	TAMPA FL 33680-1115			
	AS			
	HUMPHRIES, J. BOB			
	501 E. KENNEDY BLVD., #1700			
	TAMPA FL 33602			

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

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

J. Bob Humphries

Date

Daytime Phone #

513-228-2411