

2000 UNIFORM BUSINESS REPORT (UBR)

0604551

DOCUMENT # P97000019331

1. Entity Name

FACS SUBCO, INC.

Principal Place of Business

Mailing Address

4501 ACLINE STREET
FL 33619

4501 ACLINE STREET
TAMPA FL 33619

FILED

00 APR 19 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

4758 Oak Fair Blvd

3. Mailing Address

4758 Oak Fair Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33610

Country

Zip

33610

Country

4. FEI Number

59-3449707

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEUKAMM, JOHN
100 NORTH TAMPA STREET, SUITE 1900
TAMPA FL 33602

7. Name and Address of New Registered Agent

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

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WEINS, ROBERT	
STREET ADDRESS	8825 N. BROOK COURT	
CITY-ST-ZIP	BURNABY, B.C., CANADA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HUNTER, STUART	
STREET ADDRESS	4501 ACLINE STREET	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOONROD, STEPHEN	
STREET ADDRESS	8825 N. BROOK COURT	
CITY-ST-ZIP	BURNABY, B.C., CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neukamm, John	
STREET ADDRESS	100 N. Tampa Street, Suite 1900	
CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hunter, Stuart	
STREET ADDRESS	4758 Oak Fair Blvd	
CITY-ST-ZIP	Tampa, FL 33610	
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		

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****441.25 ****150.00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/2000 813 626-0470

CR2E034 (9/99)