

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90234 009 \*\*\*150.00

0450913 AV

**DOCUMENT # P97000027486**

1. Entity Name

**THE BIG KAHUNA DEVELOPMENT COMPANY**

Principal Place of Business

Mailing Address

**11300 FOURTH STREET N  
 SUITE 200  
 ST. PETERSBURG FL 33716  
 US**

**11300 4TH ST N  
 SUITE 200  
 ST. PETERSBURG FL 33716  
 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

**59-3433847**

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

**SEMBLER, M. STEVEN  
 11300 FOURTH STREET NORTH  
 SUITE 200  
 ST. PETERSBURG FL 33716**

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, 2002 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          | DP                                          | <input type="checkbox"/> Delete |
| NAME           | <b>SEMBLER, M. STEVEN</b>                   |                                 |
| STREET ADDRESS | <b>11300 FOURTH STREET NORTH, SUITE 200</b> |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33716</b>              |                                 |
| TITLE          | DVPS                                        | <input type="checkbox"/> Delete |
| NAME           | <b>CHADWICK, JAMES M</b>                    |                                 |
| STREET ADDRESS | <b>11300 FOURTH STREET NORTH, SUITE 200</b> |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL 33716</b>               |                                 |
| TITLE          | VP                                          | <input type="checkbox"/> Delete |
| NAME           | <b>KEENE, BRUCE R JR</b>                    |                                 |
| STREET ADDRESS | <b>11300 4TH ST. N.,STE.200</b>             |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL 33716</b>              |                                 |
| 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    |                                             |                                 |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| 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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| 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:

*M. Steven Sembler*  
**M. Steven Sembler, President**

**3/18/02**

**(727) 577-9197**

Date

Daytime Phone #

CR2E034 (9/01)