

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
 02-29-2000 90152 015 ***150.00


DOCUMENT # P97000086863

1. Entity Name
PRIDE OF OMAHA, INC.

| | |
|---|--|
| Principal Place of Business HEINBERG #108 PENSACOLA FL 32501 | Mailing Address 698 HEINBERG #108 PENSACOLA FL 32501-4154 |
|---|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

610836



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 59-3470400 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**OSBORN, WILLIAM A
 1390 FT PICKENS RD #109
 PENSACOLA FL 32561**

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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| TITLE PSD | <input type="checkbox"/> Delete | TITLE CLARK, RAMONA K | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CLARK, RAMONA K | | NAME CLARK, RAMONA K | |
| STREET ADDRESS 1390 FT PICKENS RD #109 | | STREET ADDRESS 1390 FT PICKENS RD #109 | |
| CITY-ST-ZIP PENSACOLA BEACH FL 32561 | | CITY-ST-ZIP PENSACOLA BEACH FL 32561 | |
| TITLE VTD | <input type="checkbox"/> Delete | TITLE MAHONEY, DANNY J | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MAHONEY, DANNY J | | NAME MAHONEY, DANNY J | |
| STREET ADDRESS 5920 1/2 FLAXMAN ST | | STREET ADDRESS 5920 1/2 FLAXMAN ST | |
| CITY-ST-ZIP PENSACOLA FL 32506 | | CITY-ST-ZIP PENSACOLA FL 32506 | |
| TITLE D | <input type="checkbox"/> Delete | TITLE OSBORN, WILLIAM A | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME OSBORN, WILLIAM A | | NAME OSBORN, WILLIAM A | |
| STREET ADDRESS 1390 FT PICKENS RD #109 | | STREET ADDRESS 1390 FT PICKENS RD #109 | |
| CITY-ST-ZIP PENSACOLA BEACH FL 32561 | | CITY-ST-ZIP PENSACOLA BEACH FL 32561 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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]* **2-15-2000** **(850) 432-3661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)