

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000096569****1. Entity Name**
RUSSELL HOLDINGS, INC.

Principal Place of Business	Mailing Address
GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702	GLADES BUILDING, SUITE 303 877 EXECUTIVE CENTER DRIVE WEST ST PETERSBURG FL 33702

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**59-3486121**

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**7. Name and Address of New Registered Agent**MASCARA ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST PETERSBURG FL 33702 US

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)

04/14/2000

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P/D	<input type="checkbox"/> Delete
NAME	RUSSELL NICK	
STREET ADDRESS	877 EXECUTIVE CENTER DR., SUITE 303	
CITY-ST-ZIP	ST PETERSBURG FL 33702	

TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL NICK		
STREET ADDRESS	10035 GULF BOULEVARD		
CITY-ST-ZIP	TREASURE ISLAND FL 33706		

TITLE	VD	<input type="checkbox"/> Delete
NAME	MASCARA ERNEST L	
STREET ADDRESS	877 EXECUTIVE CENTER DR	
CITY-ST-ZIP	ST PETERSBURG FL 33702	

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASCARA ERNEST L		
STREET ADDRESS	877 EXECUTIVE CENTER DR		
CITY-ST-ZIP	ST PETERSBURG FL 33702		

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

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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TITLE		<input type="checkbox"/> Delete
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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: Nick Russell

PRES. 04/14/2000