

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000007320

1. Entity Name

UNIVERSITY PARK ENTERPRISES, INC.

Principal Place of Business

3000 E. FLETCHER AVE. STE. 230
TAMPA FL 33613

Mailing Address

3000 E. FLETCHER AVE. STE. 230
TAMPA FL 33613-4644

2. Principal Place of Business

132 Whitaker Rd.

Suite, Apt. #, etc.

Suite #A

City & State

Lutz, FL

Zip

33549

Country

U.S.

3. Mailing Address

P.O. Box 272046

Suite, Apt. #, etc.

1

City & State

TAMPA, FL

Zip

33688

Country

U.S.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90032 036 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2085278

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

BIANCO, JOHN G
705 WEST AZEELE STREET
TAMPA FL 33606

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS REIBER, TYLER D
CITY-ST-ZIP 3000 E. FLETCHER AVE. STE. 230
TAMPA FL 33613

TITLE ☒ Change ☐ Addition
NAME D, P, S
STREET ADDRESS REIBER, TYLER D.
CITY-ST-ZIP P.O. Box 272046
TAMPA, FL 33688

TITLE ☐ Delete
NAME D
STREET ADDRESS VAN BEBBER, GREG
CITY-ST-ZIP 16204 N. NEBRASKA AVE. STE. B
LUTZ FL 33549

TITLE ☒ Change ☐ Addition
NAME D, V
STREET ADDRESS VAN BEBBER, GREG
CITY-ST-ZIP 132 Whitaker Rd., Suite #A
Lutz, FL 33549

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHMID, ROBERT
CITY-ST-ZIP P.O. BOX 1969
TAMPA FL 33601

TITLE ☒ Change ☐ Addition
NAME D, T
STREET ADDRESS Schmid, Robert
CITY-ST-ZIP P.O. Box 1969
TAMPA, FL 33601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Tyler D. Reiber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/25/00

Daytime Phone #

(813) 909-1819

CR2E034 (9/99)