

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041946

1. Entity Name

THG INVESTORS, INC.

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

01-13-2000 90028 001 ***150.00

Principal Place of Business
5901 SUN BOULEVARD #107
ST. PETERSBURG FL 33715

Mailing Address
5901 SUN BOULEVARD #107
ST. PETERSBURG FL 33715-1160

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3515386**
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

WEINBREN, DON B
101 EAST KENNEDY BOULEVARD
SUITE 2700
TAMPA FL 33602

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) ☐

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	PC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEANLAN, LAWRENCE		NAME	SCANLAN, LAWRENCE	
STREET ADDRESS	129 LINSAY LANE		STREET ADDRESS		
CITY-ST-ZIP	OLDSMAR FL		CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COATS, DAVID		NAME		
STREET ADDRESS	PO BOX 430		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINSEY, DEAN		NAME		
STREET ADDRESS	501 NEW ALBANY RD		STREET ADDRESS		
CITY-ST-ZIP	MORRIS TOWN NJ		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, JOHN		NAME		
STREET ADDRESS	8300 HILL TOP DR		STREET ADDRESS		
CITY-ST-ZIP	POLANO OH		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HONAN, THOMAS		NAME		
STREET ADDRESS	5279 ISLA KEY		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROCK, GEORGANNE		NAME		
STREET ADDRESS	1648 BRIGHT WATERS		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		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: Georganne Brock SIGNATURE REQUIRED
Date: 1-6-2000 Daytime Phone #: 727-866-1320

CR2E034 (9/99)