

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051611

1. Entity Name

TRENT DILFER ENTERPRISES, INC.

Principal Place of Business

C/O DAVID P. BURKE  
ONE HARBOUR PLACE SUITE 500  
TAMPA FL 33602

Mailing Address

C/O DAVID P. BURKE  
ONE HARBOUR PLACE SUITE 500  
TAMPA FL 33602-5729

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BURKE, DAVID P  
ONE HARBOUR PLACE SUITE 500  
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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
DILFER, TRENT  
ONE HARBOUR PLACE., STE 500  
TAMPA FL 33602

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Add

TITLE  
NAME  
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CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-05-00

Date

813-274

Daytime Phone #

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90071 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent