

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055743

1. Entity Name

FLORIDA BILLIARDS OF TAMPA INC.

Principal Place of Business

14813 N DALE MABRY HWY
TAMPA FL 33618

Mailing Address

9421 S ORANGE BLOSSOM TR
#1
ORLANDO FL 32837-8309
US

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 59-3530313

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

BOLLO, CAROL
2322 BLACK JACK OAK ST
OCOE FL 34761

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
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOLLO, AUGUSTINE D	
STREET ADDRESS	2322 BLACK JACK OAK ST	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOLLO, ANTHONY	
STREET ADDRESS	14813 N DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOLLO, CAROL	
STREET ADDRESS	2322 BLACK JACK OAK ST	
CITY-ST-ZIP	OCOE FL 34761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOLLO, JAMEY	
STREET ADDRESS	2322 BLACK JACK OAK ST	
CITY-ST-ZIP	OCOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407
2/1/2000 240-232
Date Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90007 032 ***150.00

80015269



DO NOT WRITE IN THIS SPACE