

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062892

1. Entity Name

MAXIM MEETINGS & EVENTS, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90095 020 ***550.00

Principal Place of Business

105 5TH STREET EAST
TIERRA VERDE FL 33715

Mailing Address

105 5TH STREET EAST
TIERRA VERDE FL 33715

2. Principal Place of Business

5901 Sun Blvd Ste 202

Suite, Apt. #, etc.

St. Petersburg, Fl

City & State

3. Mailing Address

5901 Sun Blvd Ste 202

Suite, Apt. #, etc.

St. Petersburg, Fl

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523423

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

Zip
33715

Country

Pinellas

Zip
33715

Country

Pinellas

6. Name and Address of Current Registered Agent

LOGLI, KATHY M
105 5TH STREET EAST
TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent

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

Kathleen M. Logli *KATHLEEN M. LOGLI*

8-8-00

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME LOGLI, KATHY M
STREET ADDRESS 105 5TH STREET EAST
CITY-ST-ZIP TIERRA VERDE FL 33715

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

Kathleen M. Logli *KATHLEEN M. LOGLI* 8/8/00 727-8878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (5/00)