

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067161

1. Entity Name

THEME STORES OF FLORIDA, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90074 031 ***150.00

Principal Place of Business	Mailing Address
1000 UNIVERSAL STUDIOS PLAZA BLDG. 735C ORLANDO FL 32819-7610	99-061 KOANA WAY SUITE 201 ALEA HI 96-70 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	Applied For
33-0815183	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
----------------------------------	--------------------------------

6. Name and Address of Current Registered Agent

FISHER, MICHAEL W
1 INDEPENDENT DRIVE SUITE 2600
JACKSONVILLE FL 32202

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 _____ (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	<input type="checkbox"/> Delete
NAME	ROBERTSON, RONALD C
STREET ADDRESS	99-061 KOAHA WAY SUITE 201
CITY-ST-ZIP	AIEA HI 96701
TITLE	<input type="checkbox"/> Delete
NAME	GEIGER, JAMES R
STREET ADDRESS	99-061 KOAHA WAY SUITE 201
CITY-ST-ZIP	AIEA HI 96701
TITLE	<input type="checkbox"/> Delete
NAME	COTTRAL, ALLEN R
STREET ADDRESS	99-061 KOAHA WAY SUITE 201
CITY-ST-ZIP	AIEA HI 96701
TITLE	<input type="checkbox"/> Delete
NAME	ROBERTSON, JOANN
STREET ADDRESS	99-061 KOAHA WAY SUITE 201
CITY-ST-ZIP	AIEA HI 96701
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ALLEN R. COTTRAL 2/11/00 808-483-7600

CR2E034 (9/99)