

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000076557

1. Entity Name
FLORIDA PRIDE, INC.

Principal Place of Business
2315 OVERSEAS HIGHWAY
MARATHON FL 33042

Mailing Address
2315 OVERSEAS HIGHWAY
MARATHON FL 33042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLITENICK, RICHARD M ESQ.
BROWNING, SIRECI, GULLER, ET AL
402 APPLEROUTH LANE
KEY WEST FL 33040

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 *Michael F. Moran*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10/24/01

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 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MORAN, MICHAEL F**
CITY-ST-ZIP **3481 GLEN OAK CT**
LEWIS CENTER OH 43035

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **SMITH, HARRY B**
CITY-ST-ZIP **5105 KARL RD**
COLUMBUS OH 43229

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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:

Michael F. Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/01
Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 3:48



REINSTATEMENT

4. FEI Number

65-0863155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0027014 AV

CR2E034 (5/01)