

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**  
 03-03-2000 90008 011 \*\*\*150.00

**DOCUMENT # P98000083456**

1. Entity Name  
**SEAFOOD HOUSE OF LAKE LAND, INC.**

Principal Place of Business

Mailing Address

**721 1ST AVE N  
 ST PETERSBURG FL 33701**

**721 1ST AVE N  
 ST PETERSBURG FL 33701-3803**

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 **65-0868140**

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

**ENGLANDER, LEONARD S  
 721 1ST AVE N  
 ST PETERSBURG FL 33701**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	STROSS, JOHN	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TAPPAN, RICHARD	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEWIS, GEORGE	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	SRVP	<input type="checkbox"/> Delete
NAME	PHILLIPS, JOHN	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE	SRVP	<input checked="" type="checkbox"/> Delete
NAME	CHANDLER, RICHARD	
STREET ADDRESS	54 COREY AVE	
CITY-ST-ZIP	ST PETE BEACH FL 33706	
TITLE		<input type="checkbox"/> Delete
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		
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 like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-14-00

727-367-5671

CR2E034 (9/99)