

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087243

1. Entity Name

T & E ENTERTAINMENT, INC.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 032 ***150.00

Principal Place of Business

1668 I STREET
FORT MYERS BEACH FL 33931

Mailing Address

15594 IONA LAKES DR
FT MYERS FL 33908-1881
US

80007669



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1425 Larkwood Sq N

FL Myers FL

USA

4. FEI Number 65-0868050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BUTLER, GAREY F
HUMPHREY & KNOTT, P.A.
1625 HENDRY STREET, SUITE 301
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name Eric O'Gilvie
Street Address (P.O. Box Number is Not Acceptable)
1425 Larkwood Sq N
City Ft Myers FL Zip Code 33919

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]

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

TITLE	D	<input type="checkbox"/> Delete
NAME	O'GILVIE, ERIC	
STREET ADDRESS	15594 IONA LAKES DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'GILVIE, TAMARA	
STREET ADDRESS	15594 IONA LAKES DR	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Eric O'Gilvie	
STREET ADDRESS	1425 Larkwood Sq N	
CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Tamara O'Gilvie	
STREET ADDRESS	1425 Larkwood Sq N	
CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 #