

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **98000105520**

1. Entity Name

**Ballyhoo Inc.**

Principal Place of Business

Mailing Address

**100 RIALTO PLACE STE 758  
MELBOURNE FL 32901**

2. Principal Place of Business

**100 RIALTO PLACE STE 758**

3. Mailing Address

**100 RIALTO PLACE STE 758**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MELBOURNE**

**STE 758**

City & State

**FL MELBOURNE, FL**

4. FEI Number

**59-3557981**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32901**

**BREVARD**

**32901**

**BREVARD**

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

**ROSE CLARY  
100 RIALTO PLACE  
STE 758  
MELBOURNE, FL 32901**

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 **PRESIDENT/CEO, TREASURER** ☒ Delete  
NAME **ROBERT TRIEBELL**  
STREET ADDRESS **333 BOEING ST NE**  
CITY-ST-ZIP **PALMBAY FL 32907**

TITLE **CEO, TREASURER** ☒ Change ☐ Addition  
NAME **ROSE CLARY**  
STREET ADDRESS **100 RIALTO PLACE STE 758**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **VP** ☒ Delete  
NAME **SANDY HOWELL**  
STREET ADDRESS **1348 E MC CIR NE**  
CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **ROSE CLARY**  
STREET ADDRESS **100 RIALTO PLACE STE 758**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☒ Change ☒ Addition  
NAME **PAM KHAYAT**  
STREET ADDRESS **207 FLAMINGO LANE**  
CITY-ST-ZIP **MELBOURNE BCH, FL 32951**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

**Rose Clary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/00**

Date

**321-984-9199  
407-984-9199**

Daytime Phone #

CR2E034 (9/99)