

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90128 035 ***150.00

DOCUMENT # P99000002845

1. Entity Name
300 SOUTH HYDE PARK, INC.

Principal Place of Business

~~300 S HYDE PARK AVE~~
~~STE 200~~
TAMPA FL 33606

Mailing Address

~~2911 TIMBER KNOLL DRIVE~~
~~VALRICO FL 33594~~

2. Principal Place of Business

1106 Linford Ct.
 Suite, Apt. #, etc.

3. Mailing Address

1106 Linford Ct.
 Suite, Apt. #, etc.

City & State

Valrico FL

City & State

Valrico FL

4. FEI Number **59-3550306**

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

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

BELL, JEFFERY S
~~2411 TIMBER KNOLL DRIVE~~
~~VALRICO FL 33594~~

Name **Jeffery S. Bell**

Street Address (P.O. Box Number is Not Acceptable)

1106 Linford Ct.

City **Valrico**

FL

Zip Code

33594

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/01

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 \$150.00
After MAY 1, 2001 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 **P** ☐ Delete
 NAME **BELL, JEFFERY S**
 STREET ADDRESS ~~2411 TIMBER KNOLL DRIVE~~
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **Jeffery S. Bell** ☒ Change ☐ Addition
 NAME **Jeffery S. Bell**
 STREET ADDRESS **1106 Linford Court**
 CITY-ST-ZIP **Valrico, FL 33594**

TITLE **VP** ☐ Delete
 NAME **WAGNER, WILLIAM J**
 STREET ADDRESS **2911 TIMBER KNOLL DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **VP** ☒ Change ☐ Addition
 NAME **William J. Wagner**
 STREET ADDRESS **545 Riviera Dr.**
 CITY-ST-ZIP **Tampa, FL 33606**

TITLE **TS** ☐ Delete
 NAME **BELL, BETTY JO**
 STREET ADDRESS ~~2411 TIMBER KNOLL DRIVE~~
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE **TS** ☒ Change ☐ Addition
 NAME **Betty Jo Bell**
 STREET ADDRESS **2548 Regal River Rd.**
 CITY-ST-ZIP **Valrico FL 33594**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

2/1/01

Date

Daytime Phone #

813 681 1112

CR2E034 (10/00)