

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # P99000005805

1. Entity Name

EURO XV, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

04-06-2000 90021 017 ***150.00

Principal Place of Business Mailing Address
C/O EURO AMERICAN MANAGEMENT, INC. C/O EURO AMERICAN MANAGEMENT, INC.
4350 W CYPRESS STREET SUITE 250 4350 W CYPRESS STREET SUITE 250
TAMPA FL 33607 TAMPA FL 33607-4190

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 **59-3558579** 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

HART, DONALD S JR
100 SOUTH ASHLEY DRIVE
SUITE 1300
TAMPA FL 33602

Name **Ameurio Management, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
4350 W Cypress Street, Ste 250

City **Tampa** FL Zip Code **33607**

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

TITLE **EVP** ☐ Delete
NAME **Bruce D. Burdge**
STREET ADDRESS **4350 W. Cypress street, Ste 250**
CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

Date

Daytime Phone #