

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005805

0468

1. Entity Name
EURO XV, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90057 040 ***150.00

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

Mailing Address
C/O EURO AMERICAN MANAGEMENT, INC.
4350 W CYPRESS STREET SUITE 250
TAMPA FL 33607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3558579

Applied For
Not Applicable

Zip

Country

Zip

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

AMERICAN MANAGEMENT, INC
4350 W CYPRESS ST, STE 250
TAMPA FL 33607

Name Ameurco Management Inc.
Street Address (P.O. Box Number is Not Acceptable) 4350 W. Cypress St.
Suite 250
City Tampa FL 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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE EVP ☐ Delete
NAME BURDGE, BRUCE D
STREET ADDRESS 4350 W CYPRESS ST, STE 250
CITY-ST-ZIP TAMPA FL 33607

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT

Date

Daytime Phone #

3/26/01 (813) 253-8800

CR2E034 (10/00)