

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007128

1. Entity Name

FRISCO, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90020 044 ***150.00

Principal Place of Business

31608 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

Mailing Address

31608 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684-3723

2. Principal Place of Business

31622 U.S. 19 N.

3. Mailing Address

31622 U.S. 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM HARBOR, FL.

City & State

PALM HARBOR, FL

4. FEI Number

59-3555072

Applied For

Not Applicable

Zip

34684

Country

U.S.

Zip

34684

Country

U.S.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, DENNIS R

31608 U.S. HIGHWAY 19 NORTH
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

Name

LAWRENCE LEAHON

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

31622 U.S. 19 N.

City

PALM HARBOR

FL

Zip Code

34684

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
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LONG, DENNIS R	
STREET ADDRESS	31608 U.S. HIGHWAY 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	LEAHON	<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		
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		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LAWRENCE LEAHON, PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME		
STREET ADDRESS	31622 U.S. 19 N	
CITY-ST-ZIP	PALM HARBOR, FL. 34684	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	DONALD W. HENDRY	
STREET ADDRESS	31622 U.S. 19 N.	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LAWRENCE LEAHON (LAWRENCE LEAHON)

1/24/00

727-789501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #