

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**  
 02-29-2000 90182 041 \*\*\*158.75

DOCUMENT # **P99000016189**

1. Entity Name  
**Family Fun Outlet, Inc.**  
**dba Family Fun Factory** ✓

Principal Place of Business  
**2780 SR 16**  
**ST. Augustine, FL**  
**32092**

Mailing Address  
**7640 66th St. N.**  
**Pinellas Park, FL**  
**33781**

2. Principal Place of Business  
**Family Fun Outlet, Inc.**  
 Suite, Apt. #, etc.  
**2780 SR 16**

City & State  
**ST. Augustine, FL**  
 Zip  
**32092**  
 Country  
**U.S.**

3. Mailing Address  
**Family Fun Factory**  
 Suite, Apt. #, etc.  
**7640 66th St. N.**

City & State  
**Pinellas Park, FL**  
 Zip  
**33781**  
 Country  
**U.S.**

**B0026910**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-3585503**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**Verona Law Group, P.A.**  
**Jay Verona, P.A.**  
**P.O. Box 41750**  
**ST. Petersburg, FL 33747-1750**

**7. Name and Address of New Registered Agent**

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**

TITLE  
**President**  
 NAME  
**Greg Sembler**  
 STREET ADDRESS  
**5858 Central Ave.**  
 CITY-ST-ZIP  
**ST. Petersburg, FL 33743**

TITLE  
**Secretary**  
 NAME  
**Larry LaFkowitz**  
 STREET ADDRESS  
**7640 66th St. N.**  
 CITY-ST-ZIP  
**Pinellas Park, FL 33781**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**Treasurer**  
 NAME  
**Jeff LaFkowitz**  
 STREET ADDRESS  
**7640 66th St. N.**  
 CITY-ST-ZIP  
**Pinellas Park, FL 33781**

TITLE  
 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: **Jeff LaFkowitz Treasurer**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/00**  
 Date

**727-541-3488**  
 Daytime Phone #

CR2E034 (9/99)