

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

04-03-2001 90057 039 \*\*\*150.00

0342851

**DOCUMENT # P99000018741 0507**

1. Entity Name  
**EURO XIV, INC.**

Principal Place of Business <b>C/O EURO AMERICAN MANAGEMENT, INC.          4350 W CYPRESS ST SUITE 250          TAMPA FL 33607</b>	Mailing Address <b>C/O EURO AMERICAN MANAGEMENT, INC.          4350 W CYPRESS ST SUITE 250          TAMPA FL 33607</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3567922</b>	Applied For
	Not Applicable

6. Name and Address of Current Registered Agent <b>BURDGE, BRUCE D          4350 W CYPRESS ST          SUITE 250          TAMPA FL 33607</b>	7. Name and Address of New Registered Agent Name <b>AMEURCO MANAGEMENT, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4350 W. CYPRESS ST. STE. 250</b> City <b>TAMPA</b> FL <b>33607</b>
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8. The above named entity submits this statement for the purpose of changing its principal office, registered agent, or both, in the State of Florida.

SIGNATURE **BRUCE D. BURDGE** EXECUTIVE VICE PRESIDENT  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **3/26/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP BURDGE, BRUCE 4350 W. CYPRESS ST. TAMPA FL 33607</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **BRUCE D. BURDGE** EXECUTIVE VICE PRESIDENT  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE **3/26/01** (813) 353-8800  
 Daytime Phone #

CR2E034 (10/00)