

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90381 025 ***150.00

DOCUMENT # P99000018741

1. Entity Name
EURO XIV, INC.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

St 4300 W. Cypress Street
 Ci Suite 1075
 Tampa, FL 33607

St 4300 W. Cypress Street
 Ci Suite 1075
 Tampa, FL 33607

4. FEI Number **59-3567922**

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

AMEURO MANAGEMENT INC
4350 W CYPRESS ST
SUITE 250
TAMPA FL 33607

Name

4300 W. Cypress Street, Suite 1075
 Tampa, FL 33607

FL

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

BRUCE D. BURDGE
EXECUTIVE VICE PRESIDENT

APR 4 2002

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
 NAME **4300 W. Cypress Street**
 STREET ADDRESS **Suite 1075**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 reports 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

APR 4 2002 813-353-8800

Date

Daytime Phone #

CR2E034 (9/01)