

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90904 002 \*\*\*150.00

**DOCUMENT # P99000018741**

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



**Principal Place of Business**  
**4300 W. CYPRESS STREET**  
**SUITE 1075**  
**TAMPA FL 33607**

**Mailing Address**  
**4300 W. CYPRESS STREET**  
**SUITE 1075**  
**TAMPA FL 33607**

**10031399**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **59-3567922**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

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

**AMEURO MANAGEMENT INC**  
**4300 W. CYPRESS STREET**  
**SUITE 1075**  
**TAMPA FL 33607**

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. I am familiar with, and accept the obligations of registered agent.**

**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**

**2/19/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **EVP** ☐ Delete  
**NAME** **BURDGE, BRUCE**  
**STREET ADDRESS** **4300 W. CYPRESS STREET SUITE 1075**  
**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  
**NAME** **Herman Bessem**  
**STREET ADDRESS** **Koninginnegracht 7**  
**CITY-ST-ZIP** **Postbus 16355**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME** **2500 BJ Den Haag,**  
**STREET ADDRESS** **The Netherlands**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Herman Bessem**  
**STREET ADDRESS** **President**  
**CITY-ST-ZIP** **4300 W. Cypress St.**  
**Suite 1075**  
**Tampa, FL 33607**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP** **Romain de Jaeger**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **Secretary**  
**STREET ADDRESS** **Koninginnegracht 7**  
**CITY-ST-ZIP** **2514 AA Den Haag**  
**The Netherlands**

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRUCE D. BURDGE**  
**EXECUTIVE VICE PRESIDENT**

Date

Daytime Phone #

**2/19/03**

CR2E034 (10/02)