

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000022101**

1. Entity Name

**VARSITY PROPERTIES, INC.****FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90236 050 \*\*\*150.00

Principal Place of Business

7611 FOUR PINES ROAD  
PLANT CITY FL 33565

Mailing Address

7611 FOUR PINES ROAD  
PLANT CITY FL 33565-3127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3564492

Applied For

Not Applicable

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

**BURDEN, BRIAN A ESQ**  
**BRIAN A. BURDEN, P.A.**  
**215 W. VERNE STREET, SUITE D**  
**TAMPA FL 33606**

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 use 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	EAKER, H. LEE	7611 FOUR PINES RD.	PLANT CITY FL 33565	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	EAKER, PAULA DAWN	7611 FOUR PINES RD.	PLANT CITY FL 33565	<input checked="" type="checkbox"/> Delete	STD	EAKER, SHIRLEY M.	7611 Four Pines Road	Plant City, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VPD	COX, MATTHEW BEVAN	7611 FOUR PINES RD.	PLANT CITY FL 33565	<input checked="" type="checkbox"/> Delete	VPD	Eaker, H. Lee	7611 Four Pines Rd.	Plant City, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)