

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025032

1. Entity Name
THE FLORIDA CUP, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90047 024 ***550.00

Principal Place of Business
5309 29TH ST E
ELLENTON FL 34222

Mailing Address
5309 29TH ST E
ELLENTON FL 34222



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5309 29th Street East
Suite, Apt. #, etc.

3. Mailing Address
5309 29th Street East
Suite, Apt. #, etc.

City & State
Ellenton, FL

City & State
Ellenton, FL

4. FEI Number
65-0903496

Applied For
Not Applicable

Zip
34222

Country
USA

Zip
34222

Country
USA

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

6. Name and Address of Current Registered Agent

PEREZ, MARGARET A
5309 29TH ST E
ELLENTON FL 34222

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 *Margaret A Perez*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, JAMES C	
STREET ADDRESS	101 9TH AVE E	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, MARGARET A	
STREET ADDRESS	101 9TH AVE E	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret A. Perez	
STREET ADDRESS	2353 Little Country Rd	
CITY-ST-ZIP	Panama, FL 34219	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John D. Husmann	
STREET ADDRESS	7700 Bonhomme	
CITY-ST-ZIP	St. Louis, MO 63105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Margaret A Perez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-723-3663

CR2E034 (5/00)