

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046309

1. Entity Name

PROFESSIONAL WRESTLING HALL OF FAME INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90060 032 \*\*\*150.00

Principal Place of Business

18644 WELLBORN LN  
SPRING HILL FL 34610

Mailing Address

18644 WELLBORN LN  
SPRING HILL FL 34610-6920

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, RAYMOND M  
5330 CAROL DRIVE  
WESLEY CHAPEL FL 33543

7. Name and Address of New Registered Agent

Name: PATRICIA A. BUTLER  
Street Address (P.O. Box Number is Not Acceptable): 18644 Wellborn Ln.  
City: SPRING HILL, FL Zip Code: 34610

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: PATRICIA A. BUTLER / Patricia A. Butler

3/15/00

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 \$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

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	
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 checked="" type="checkbox"/> Addition
NAME	P-M-C
STREET ADDRESS	ALFRED L. BUTLER
CITY-ST-ZIP	18644 Wellborn Ln Spring Hill, FL 34610
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V-E-D
STREET ADDRESS	RAYMOND BLACKBURN
CITY-ST-ZIP	5330 CAROL LANE Wesley Chapel FL 33545
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S-T
STREET ADDRESS	PATRICIA A. BUTLER
CITY-ST-ZIP	18644 Wellborn Ln Spring Hill, FL 34610
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D
STREET ADDRESS	PASQUALE BOTTERCI
CITY-ST-ZIP	8814 Beecher Dr. Tampa, FL 33626
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)