

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State
 02-19-2000 90003 003 ***150.00

DOCUMENT # P99000053697

1. Entity Name

ED NATIONAL EVENTS, INC.

Principal Place of Business

**28870 HWY.19 NORTH
 CLEARWATER FL 33761**

Mailing Address

**28870 HWY.19 NORTH
 CLEARWATER FL 33761**

2. Principal Place of Business

2431 Estancia Blvd.

3. Mailing Address

2431 Estancia Blvd.

Suite, Apt. #, etc.

Building B

Suite, Apt. #, etc.

Building B

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip
33761

Country
USA

Zip
33761

Country
USA

4. FEI Number

59-3593380

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DOLAN, MARK R
 112 EAST STREET,STE.B
 TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Don Waitt

Street Address (P.O. Box Number is Not Acceptable)

2431 Estancia Blvd., Bldg B

City

Clearwater

FL

Zip Code
33761

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

Don Waitt

Don Waitt, President

2-2-00

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	P	<input type="checkbox"/> Delete
NAME	WAITT, DON	
STREET ADDRESS	28870 HWY.19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PEPPER, JACK	
STREET ADDRESS	28870 HWY.19 NORTH	
CITY-ST-ZIP	CLEARWATER FL 33761	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2431 Estancia Blvd., Bldg B	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2431 Estancia Blvd., Bldg B	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Don Waitt

Don Waitt

2/2/00

727-726-3592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)