

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065889

1. Entity Name

EUROPA HEALTH, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90161 036 \*\*\*150.00

Principal Place of Business

Mailing Address

~~707 DEL WEBB BLVD., WEST~~  
~~SUN CITY CENTER FL 33573~~

~~707 DEL WEBB BLVD., WEST~~  
~~SUN CITY CENTER FL 33573-5258~~

2. Principal Place of Business

6206 BENJAMIN ROAD

3. Mailing Address

POST OFFICE BOX 22884

Suite, Apt. #, etc.

SUITE 314

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33634

Country

U.S.A.

Zip

33629

Country

U.S.A.

4. FEI Number

59-3590329

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

PLYE, TERRENCE F  
707 DEL WEBB BLVD., WEST  
SUN CITY CENTER FL 33573

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLYE, TERRENCE F	
STREET ADDRESS	707 DEL WEBB BLVD., WEST	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
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	D-P-S-T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKEL, JACOB J.	
STREET ADDRESS	6206 BENJAMIN ROAD, SUITE 314	
CITY-ST-ZIP	TAMPA FLORIDA 33634	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORD, GINA	
STREET ADDRESS	6206 BENJAMIN ROAD, SUITE 314	
CITY-ST-ZIP	TAMPA FLORIDA 33634	
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		
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 an other duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 (813) 882-4500

CR2E034 (9/99)