

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075662

1. Entity Name

DADE CITY ENTERTAINMENT, INC.

Principal Place of Business

Mailing Address

7047 46TH AVENUE NORTH  
SAINT PETERSBURG FL 33709

7047 46TH AVENUE NORTH  
SAINT PETERSBURG FL 33709-4645

2. Principal Place of Business

3. Mailing Address

15924 U.S. 301 N.

15924 US 301 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DADE CITY, FL.

City & State

DADE CITY, FL.

Zip

Zip

Country

Country

33523-2419

USA

33524-2419

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name JOHN D. PARKER

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

7047 46TH AV. N.

City ST. PETERSBURG

FL

Zip Code 33709

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

TITLE PSTD  
NAME PARKER, JOHN D  
STREET ADDRESS 7047 46TH AVENUE NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33709 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 #

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90027 016 \*\*\*158.75

00014985



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-3584230

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

1-25-00

1-25-00

727-547-8335