

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90381 018 \*\*\*150.00

**DOCUMENT # P99000075783**

**1. Entity Name**  
**EURO XIX, INC.**

**Principal Place of Business**  
**4350 W CYPRESS STREET STE 250**  
**TAMPA FL 33607**

**Mailing Address**  
**4350 W CYPRESS STREET STE 250**  
**TAMPA FL 33607**

**2. Principal Place of Business**

**4300 W. Cypress Street**  
**Suite 1075**  
**Tampa, FL 33607**

**3. Mailing Address**

**4300 W. Cypress Street**  
**Suite 1075**  
**Tampa, FL 33607**



DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

**4. FEI Number**

**59-3608427**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AMEURCO MANAGEMENT, INC.**  
**4350 W CYPRESS STREET STE 250**  
**TAMPA FL 33607**

**7. Name and Address of New Registered Agent**

Name

Str.

**4300 W. Cypress Street, Suite 1075**  
**Tampa, FL 33607**

City

**FL**

Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, 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

**BRUCE D. BURDGE**  
**EXECUTIVE VICE PRESIDENT**

**APR 4 2002**

**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, 2002 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** **D** ☐ Delete  
**NAME** **BESSEM, HERMAN**  
**STREET ADDRESS** **4350 W CYPRESS STREET STE 250**  
**CITY-ST-ZIP** **TAMPA FL 33607**

**TITLE** **DEVP** ☐ Delete  
**NAME** **BURGE, BRUCE D**  
**STREET ADDRESS** **4350 W CYPRESS ST STE., 250**  
**CITY-ST-ZIP** **TAMPA FL 33607**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **4300 W. Cypress Street**  
**CITY-ST-ZIP** **Suite 1075**  
**Tampa, FL 33607**

**TITLE** ☒ Change ☐ Addition  
**NAME** **Bruce D. Burdge**  
**STREET ADDRESS** **4300 W. Cypress St., Suite 1075**  
**CITY-ST-ZIP** **Tampa, FL 33607**

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

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

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

**TITLE** ☐ Change ☐ 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

**BRUCE D. BURDGE**

**EXECUTIVE VICE PRESIDENT**

Date

Daytime Phone #

**813-353-8800**

CR2E034 (9/01)