

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 17, 2000 8:00 am
Secretary of State

04-19-2000 90070 045 ***150.00

DOCUMENT # P99000077648

1. Entity Name

PALM RIVER PLAZA, INC.

Principal Place of Business

**2210 SOUTH U.S. HIGHWAY 301, SUITE 100
TAMPA FL 33619**

Mailing Address

**2210 SOUTH U.S. HIGHWAY 301, SUITE 100
TAMPA FL 33619-5023**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3595058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BISSETT, WILLIAM P JR.
2210 SOUTH U.S. HIGHWAY 301, SUITE 100
TAMPA FL 33619**

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISSETT, WILLIAM P JR. 1904 CAPE BEND AVE. TAMPA FL 33613	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRATH, WILLIAM E 1804 CAPE BEND AVE. TAMPA FL 33613	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNAPP, RAY T 1819 - 16TH ST. BEDFORD IN 47421	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENWORTHY, DAVID J 515 WOODCREST DR. BLOOMINGTON IN 47401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLINO, JAMES A 4450 BEACON DR. WEST JACKSONVILLE FL 32225	☐ 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
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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 #