

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**  
 04-28-2000 90040 023 \*\*\*150.00

**DOCUMENT # P99000080310**

1. Entity Name

**WESTSHORE-PIZZA-V, INC.**

Principal Place of Business

**927 SO. HOWARD AVE.  
 TAMPA FL 33606**

Mailing Address

**927 SO. HOWARD AVE.  
 TAMPA FL 33606-2418**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3598372**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 AMLERIA AVE.  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

**Robert Vasaturo**

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

**4802 West bay ct #0**

City

**Tampa**

FL

Zip Code

**33611**

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	PD	<input type="checkbox"/> Delete
NAME	VASATURO, ROBERT D	
STREET ADDRESS	927 SO. HOWARD AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DURRANCE, BARRY C	
STREET ADDRESS	927 SO. HOWARD AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAILEY, JAMES	
STREET ADDRESS	927 SO. HOWARD AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, JOSHUA D	
STREET ADDRESS	927 SO. HOWARD AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
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 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		
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 register 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 REQUIRED**

Date

Daytime Phone #

**4-10-00**