

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105825

1. Entity Name

BAMBINI MANAGEMENT, INC.

FILED

Jun 08, 2000 8:00 am  
Secretary of State

06-08-2000 90007 017 \*\*\*150.00

Principal Place of Business

Mailing Address

2900 TITAN ROW, SUITE 110  
ORLANDO FL 32809

2900 TITAN ROW, SUITE 110  
ORLANDO FL 32809

2. Principal Place of Business

1122 N. Main St

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

4. FEI Number

59-3613453

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GENOESE, GINA

2900 TITAN ROW, SUITE 110  
ORLANDO FL 32809

Name

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

1122 N. Main St  
Ste B

City

Kissimmee

FL

Zip Code

34744

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GENOESE, GINA  
2900 TITAN ROW, SUITE 110  
ORLANDO FL 32809

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1122 N. Main St Ste B  
Kissimmee FL 34744

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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☐ Change

☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Delete

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

407-343-0369

Daytime Phone #

CR2E034 (9/99)