

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90026 010 ***158.75

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DOCUMENT # P99000106518

1. Entity Name

BEST EVENTS AND ATTRACTIONS, INC.

Principal Place of Business

**19513 WYNDMILL CIRCLE
ODESSA FL 33556**

Mailing Address

**PO BOX 271646
TAMPA FL 33688**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3618629

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KEENAN, ROBERT J
19513 WYNDMILL CIRCLE
ODESSA FL 33556**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
KEENAN, ROBERT J
19513 WYNDMILL CIRCLE
ODESSA FL 33556**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KEENAN, LINDA E
19513 WYNDMILL CIRCLE
ODESSA FL 33556**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EDD
LEE, MARCI
221 S BUENA VISTA
PALM HARBOR FL 34684**

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LAMORTE, FRANK
174 OSPREY LANE
ELLENTON FL 34222**

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☐ 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:

ROBERT J. KEENAN, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/02 813-920-8635
Date Daytime Phone #

CR2E034 (9/01)