

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000109322**

1. Entity Name

WILDMAN NIGHTCLUB COMPANY

FILED

02 JUN -5 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

9004 US 19 N
PORT RICHEY FL 34668

Mailing Address

2508 BAYFRONT PKWY
ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4451-4455 US Hwy 98

3. Mailing Address

2508 BAYFRONT PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

ORLANDO FL

4. FEI Number

75-3061002

Applied For

Not Applicable

Zip

33809

Country

USA

Zip

32806

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, RAMON
2508 BAYFRONT PKWY
ORLANDO FL 32806

7. Name and Address of New Registered Agent

Name: RAMON BROWN
Street Address: 2508 BAYFRONT PKWY
City: ORLANDO FL 32806

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

☐ DeleteTITLE: PSTD
NAME: BROWN, RANDAL D
STREET ADDRESS: 2508 BAYFRONT PKWY
CITY-ST-ZIP: ORLANDO FL 32806

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition☐ DeleteTITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:☐ Change ☐ AdditionTITLE:
NAME:
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CITY-ST-ZIP:☐ Change ☐ AdditionTITLE:
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 #

CR2E034 (9/01)