

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58076

0338

1. Entity Name  
AMEURCO MANAGEMENT, INC.

FILED  
Apr 03, 2001 8:00 am  
Secretary of State

04-03-2001 90057 038 \*\*\*150.00

Principal Place of Business  
C/O EURO AMERICAN MANAGEMENT, INC.  
4350 WEST CYPRESS STREET, SUITE 250  
TAMPA FL 33607  
US

Mailing Address  
4350 WEST CYPRESS ST  
STE 250  
TAMPA FL 33607  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0124413

Applied For  
Not Applicable

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

BURDGE, BRUCE D  
4350 W CYPRESS TREET  
STE 250  
TAMPA FL 33607

Name AMEURCO MGMT, INC.

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

4350 W. CYPRESS ST, STE 250

City TAMPA

FL

Zip Code 33607

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 date if applicable.

BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT

3-26-01

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, 2001 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 P  
NAME BESSEM, HERMAN  
STREET ADDRESS 4350 WEST CYPRESS ST., SUITE 250  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP  
NAME BURDGE, BRUCE  
STREET ADDRESS 4350 WEST CYPRESS ST., SUITE 250  
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE D. BURDGE  
EXECUTIVE VICE PRESIDENT

Date

Daytime Phone #

3/26/01 353-8860

0042533

CR2E034 (10/00)