

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90381 022 \*\*\*150.00

**DOCUMENT # S58076**

1. Entity Name

**AMEURCO MANAGEMENT, INC.**

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,  
**4300 W. Cypress Street  
 Suite 1075  
 Tampa, FL 33607**

**4300 W. Cypress Street  
 Suite 1075  
 Tampa, FL 33607**

Zip Country

Zip Country

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

**AMEURCO MGMT INC.  
 4350 W CYPRESS TREET  
 STE 250  
 TAMPA FL 33607**

**4300 W. Cypress Street, Suite 1075  
 Tampa, FL 33607**

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.

**BRUCE D. BURDGE  
 EXECUTIVE VICE PRESIDENT**

**APR 4 2002**

SIGNATURE

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

TITLE ☐ Change ☐ Addition  
 NAME **4300 W. Cypress Street**  
 STREET ADDRESS **Suite 1075**  
 CITY-ST-ZIP **Tampa, FL 33607**

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

TITLE ☐ Change ☐ Addition  
 NAME **4300 W. Cypress Street**  
 STREET ADDRESS **Suite 1075**  
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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**

**APR 4 2002 813-353-8800**

Date

Daytime Phone #

CR2E034 (9/01)