

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # **SG4440**

1. Entity Name

Fun Port, Inc.



FILED
Jul 18, 2000 8:00 am
Secretary of State

06-20-2000 90014 010 ***150.00

Principal Place of Business

**132 George Main Dr.
Pomona Park, FL 32181**

Mailing Address

**P.O. Box 370
Pomona Park, FL 32181**

2. Principal Place of Business

**132 George Main Dr.
Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 370
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**Pomona Park, FL
Zip 32181 Country USA**

City & State

**Pomona Park, FL
Zip 32181 Country USA**

4. FEI Number

59-3060217

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Donley C. Main
P.O. Box 746, 132 George Main Dr.
Pomona Park, FL 32181**

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 **Donley C. Main**

Signature, typed or printed name of registered agent and title if applicable.

Donley C. Main

(NOTE: Registered Agent signature required when reinstating)

6/15/00

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Donley C. Main P.O. Box 746 Pomona Park, FL 32181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Donley C. Main** **Donley C. Main**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/00

Date

904-649-8722 ext. 3312

Daytime Phone #

CR2E034 (9/99)