

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V29785

1. Entity Name

POWERCERV TECHNOLOGIES CORPORATION

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90003 016 ***158.75

Principal Place of Business

Mailing Address

400 N. ASHLEY DR.
SUITE 2700
TAMPA FL 33602
US

400 N. ASHLEY DR.
SUITE 2700
TAMPA FL 33602-4316
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3117606**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WAGMAN, STEPHEN M.
POWERCERV TECHNOLOGIES CORPORATION
400 N ASHLEY DRIVE, SUITE 2700
TAMPA FL 33602

Name **Lawrence J. Alves**
Street Address (P.O. Box Number is Not Acceptable)
PowerCerv Technologies Corp.
400 N Ashley Dr. Ste 2700
City **Tampa** FL Zip Code **33602**

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 **Lawrence J. Alves, CFO** **LJ Alves** **5 01 00**
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCOO	<input type="checkbox"/> Delete
NAME	SIMMONS, MICHAEL	
STREET ADDRESS	400 N. ASHLEY DR., SUITE 2700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	FRATELLO, MARC	
STREET ADDRESS	400 N. ASHLEY DR., SUITE 2700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	CFOS	<input checked="" type="checkbox"/> Delete
NAME	WAGMAN, STEPHEN	
STREET ADDRESS	400 N ASHLEY DR., SUITE 2700	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simmons, Michael	
STREET ADDRESS	400 N Ashley Dr. Ste 2700	
CITY-ST-ZIP	Tampa FL 33602	
TITLE	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fratello, Marc	
STREET ADDRESS	400 N Ashley Dr. Ste 2700	
CITY-ST-ZIP	Tampa FL 33602	
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lawrence J. Alves	
STREET ADDRESS	400 N Ashley Dr. Ste 2700	
CITY-ST-ZIP	Tampa FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 **LJ Alves**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5 01 00 813 226-2600

CR2E034 (9/99)