

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V38264

1. Entity Name

SEMBLER CENTERS, INC.

FILED

00 APR 12 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707-1728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3127287

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

SHER, CRAIG H.  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

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

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 DC ☐ Delete  
NAME SEMBLER, MELVIN F.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Zip Code = 33707  
CITY-ST-ZIP

TITLE DSV ☐ Delete  
NAME SEMBLER, BRENT W.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Zip Code = 33707

TITLE DVTS ☐ Delete  
NAME SEMBLER, GREGORY S.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Zip Code = 33707

TITLE DP ☐ Delete  
NAME SHER, CRAIG H.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Zip Code = 33707

TITLE D ☐ Delete  
NAME SHEEHAN, DENNIS M.  
STREET ADDRESS 5858 CENTRAL AVENUE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Zip Code = 33707

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME FUQUA, JEFFREY S.  
STREET ADDRESS 3495 PIEDMONT RD, SUITE 918  
CITY-ST-ZIP ATLANTA GA 30205

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

CRAIG H. SHER  
PRESIDENT

Date

Daytime Phone #

4/11/2000

727-384-6000

SP

CR2E034 (9/99)