

2000 UNIFORM BUSINESS REPORT (UBR)

Amended

083000

DOCUMENT # 255680

1. Entity Name

TSFL HOLDING CORPORATION

Principal Place of Business

2704 ALTERNATE 19
PALM HARBOR FL 34683
US

Mailing Address

2704 ALTERNATE 19
PALM HARBOR FL 34683
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0954868

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CEOP
BATTISTA, GABRIEL
12020 SUNRISE VALLEY DR.
RESTON VA 20191 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
100003408971-003 3
-09/23/00-01013-003 3
President
Von Baritz
1401 NW 136th Ave
Sunrise, FL 33323 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
FERZACCA, MICHAEL
12020 SUNRISE VALLEY DR.
RESTON VA 20191 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Von Baritz
1401 NW 136th Ave
Sunrise, FL 33323 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
KIRSCHNER, JANET
6805 ROUTE 202
NEW HOPE PA 18938 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPS
LAWN, ALOXSIUS T IV
6805 ROUTE 202
NEW HOPE PA 18938 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lawn, Aloysius ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVPT
MAYORCORD, EDWARD
6805 ROUTE 202
NEW HOPE PA 18938 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mayorcord, Edward ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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

8/17/00

Date

25-862-1500

Daytime Phone #

CR2E034 (5/00)