

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-12-2001 90217 046 ****70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008426

1. Entity Name

THE AIDS MEMORIAL BELLS, INC.

Principal Place of Business

1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

Mailing Address

1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59 3685839

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

MCGUIRE, TERRY J
1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

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

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

2/8/01
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D Delete
NAME: MCGUIRE, TERRY J
STREET ADDRESS: 1508 ADAMS CIRCLE EAST
CITY-ST-ZIP: LARGO FL 33771-3474

TITLE: P/C/M/D Change Addition
NAME: MCGUIRE, TERRY J
STREET ADDRESS: 1508 ADAMS CIRCLE EAST
CITY-ST-ZIP: LARGO FL 33771-5474

TITLE: D Delete
NAME: KONNERTH, DAVID S
STREET ADDRESS: 5150 10TH AVE. N., #101
CITY-ST-ZIP: ST. PETERSBURG FL 33710-3474

TITLE: T/S/D Change Addition
NAME: KONNERTH, DAVID S
STREET ADDRESS: 5150 10TH AVE. N., #101
CITY-ST-ZIP: ST. PETERSBURG FL 33710

TITLE: D Delete
NAME: LAVTH, THOM
STREET ADDRESS: 1145 DREW ST.
CITY-ST-ZIP: CLEARWATER FL 33755

TITLE: D Change Addition
NAME: LAVTH, THOM
STREET ADDRESS: 1145 DREW ST.
CITY-ST-ZIP: CLEARWATER FL 33755

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:

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

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01
Date

727-584-5882
Daytime Phone #

CR2001 (1/00)

@ indicates request done by Terry McGuire @