

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90070 018 \*\*\*\*70.00

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**DOCUMENT # N00000008426**

1. Entity Name

**THE AIDS MEMORIAL BELLS, INC.**

Principal Place of Business

Mailing Address

1508 ADAMS CIRCLE EAST  
 LARGO FL 33771-3474

1508 ADAMS CIRCLE EAST  
 LARGO FL 33771-3474

2. Principal Place of Business

3. Mailing Address

THE AIDS MEMORIAL BELLS, INC.  
 1071 DONEGAN RD. # 1437  
 LARGO, FL 33771

THE AIDS MEMORIAL BELLS, INC.  
 P.O.Box 5223  
 LARGO, FL 33779-5223



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3685839**

Applied For

Not Applicable

5. Certificate of Status Desired  Yes  No

**\$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  
**MCGUIRE, TERRY J**  
 1071 DONEGAN RD. # 1437  
 LARGO, FL 33771

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

Terry McGuire  
 (NOTE: Registered Agent Signature Required when reinstating)

1/10/02  
 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  Delete  
 NAME **PCMD MCGUIRE, TERRY J**  
 STREET ADDRESS **1508 ADAMS CIRCLE EAST**  
 CITY-ST-ZIP **LARGO FL 33771-3474**

TITLE  Change  Addition  
 NAME **MCGUIRE, TERRY J**  
 STREET ADDRESS **1071 DONEGAN RD. # 1437**  
 CITY-ST-ZIP **LARGO, FL 33771**

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME **D DUNN, CAROL**  
 STREET ADDRESS **2101 SUNSET POINT RD. #201**  
 CITY-ST-ZIP **CLEARWATER, FL 33765**

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)(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 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

1/10/02  
 Date

727-584-0002  
 Daytime Phone #

CP2E037 (9/01)