

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90096 041 ****61.25

DOCUMENT # N13376 ✓
1. Entity Name
 The Citta Foundation, Inc.

Principal Place of Business **Mailing Address**
 110 East Atlantic Ave 110 E. Atlantic Ave
 #330 #330
 Delray Beach, FL 33444 Delray Beach, FL 33444

634960

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
 59-2635738 Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Robert M. Arlen, P.A.
 110 East Atlantic Avenue, #330
 Delray Beach, FL 33444

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PTD	<input checked="" type="checkbox"/> Delete
NAME Citta, Joseph A.	
STREET ADDRESS 63 Cranmoor Dr	
CITY-ST-ZIP Toms River, NJ	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME Citta, Rosanne L	
STREET ADDRESS 4 Holly Street	
CITY-ST-ZIP Toms River, NJ	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME Citta, Lillian R.	
STREET ADDRESS 63 Cranmoor Dr	
CITY-ST-ZIP Toms River, NJ	
TITLE VD	<input checked="" type="checkbox"/> Delete
NAME Citta, J Phillip	
STREET ADDRESS 698 Hooper Ave	
CITY-ST-ZIP Toms River, NJ	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CITTA, J. PHILLIP	
STREET ADDRESS 698 Hooper Avenue	
CITY-ST-ZIP Toms River, NJ 08753	
TITLE VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CITTA, ROSANNE L.	
STREET ADDRESS 4 Holly Street	
CITY-ST-ZIP Toms River, NJ 08753	
TITLE S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSELLI, MARIE	
STREET ADDRESS 585 Brookside Drive	
CITY-ST-ZIP Toms River, NJ 08753	
TITLE Asst S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CITTA, JOSEPH A. JR.	
STREET ADDRESS 354 Roberts Avenue	
CITY-ST-ZIP So. Seaside Park, NJ 08752	
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	

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: _____ **March 30, 2000** **732-349-1600**

CR2E037 (9/99)