

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 15, 2000 8:00 am
Secretary of State

03-15-2000 90065 007 ****61.25

DOCUMENT # N93000002608

1. Entity Name

MOMS OF TIERRA VERDE, INC.

Principal Place of Business

Mailing Address

P.O. BOX 58203

P.O. BOX 58203

TIERRA VERDE FL 33715-1723

TIERRA VERDE FL 33715-8203

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

59-3191979

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HINTON, CHARLES D
6416 9TH ST N
ST PETERSBURG FL 33702

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

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	DP	<input checked="" type="checkbox"/> Delete
NAME	LONS, CATHERINE	
STREET ADDRESS	1810 OCEAN VIEW DR	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CARAMELLO, JANET	
STREET ADDRESS	353 6TH AVE N	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BURK, VENUS	
STREET ADDRESS	333 MADONNA BLVD	
CITY-ST-ZIP	TIERRA VERDE FL 33715	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kris Bodner	
STREET ADDRESS	125 7th. St. E.	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Nylander	
STREET ADDRESS	803 3rd Ave. S.	
CITY-ST-ZIP	Tierra Verde, FL 33715	
TITLE	Secretary - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janet Caramello	
STREET ADDRESS	353 6th. Ave N.	
CITY-ST-ZIP	Tierra Verde, FL 33715	
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		
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 817, 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: Janet Caramello Date: 3/1/00 Daytime Phone #: 727-807-7478

CR2E037 (9/99)