

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727481

1. Entity Name

THE ANGELS UNAWARE, INC.

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

04-10-2000 90095 045 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4918 W. LINEBAUGH AVE.  
P. O. BOX 270040  
TAMPA FL 33688-0040

4918 W. LINEBAUGH AVE.  
P. O. BOX 270040  
TAMPA FL 33688-0040

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

23-7346870

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

O'BANION, ROSS H., JR.  
4918 W. LINEBAUGH AVENUE  
TAMPA FL 33624

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)

4/3/00  
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 **DIR** ☐ Delete  
NAME **GIBBS, MARIE**  
STREET ADDRESS **12736 MARJORY AVE**  
CITY-ST-ZIP **TAMPA FL 33612**

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

TITLE **P** ☒ Delete  
NAME **EMERSON, RICHARD**  
STREET ADDRESS **15852 COUNTRY LAKE DR**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **President** ☒ Change ☐ Addition  
NAME **Milak, William**  
STREET ADDRESS **7409 S. Mascotte Street**  
CITY-ST-ZIP **Tampa, FL 33616**

TITLE **TD** ☐ Delete  
NAME **MONFORT, EDWARD**  
STREET ADDRESS **4410 NORTH B. ST.**  
CITY-ST-ZIP **TAMPA FL**

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

TITLE **D** ☐ Delete  
NAME **BUCHANAN, DOLAN**  
STREET ADDRESS **206 W POWHATTEN AVE**  
CITY-ST-ZIP **TAMPA FL 33604**

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

TITLE **VP** ☐ Delete  
NAME **TATUM, CONNIE**  
STREET ADDRESS **3002 W PATTERSON**  
CITY-ST-ZIP **TAMPA FL 33614**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00

Date

(813) 961-1159

Daytime Phone #

CR2E037 (9/99)