2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 12, 2000 8:00 am
Secretary of State
08-25-2000 90005 030 ****61.25

DOCUMENT # N51273

1. Entity Name

BAY PINES CENTRAL COMMITTEE, INC.

Principal Place of Business	Mailing Address
9801 BAY PINES BLVD ST. PETERSBURG FL 33708	%CMC INC 4175 EAST BAY DR. 205 LARGO FL 34624 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Comprehensive Mgmt. Inc. 10575 68th Ave. N. B-3
City & State	Seminole, Florida
Zip / Country	33772 / Pinellas

4. FEI Number 59-3152505 ☐ 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
HILDEBRANDT, HAL 4175 E BAY DR 205 CLEARWATER FL 34624	Name: Donald F. Graham Street Address (P.O. Box Number is Not Acceptable): 10575 68th Ave. N. B-3 City: Seminole FL Zip Code: 33772

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: Donald F. Graham

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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ SD PRICE, ALMA 9945 47 AVE N, 110 ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Booth, Dixie 2339 Kings Pointe Dr P Largo, Fl 33774
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WOOD, ROGER 1202 N PARSONS AVE BRANDON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GNAZZO, Lillian D 9815 47th A.N. #101 St. Petersburg. Fl 33708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILL, BILL 9950 47 AVE 106 ST. PETERSBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Austin, Dale D 4439 Emerson Rd Brooksville. Fl 34601
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BRZTOWSKI, PAULA 9815 47TH AVE N #302 ST PETERSBURG FL 33708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASSif, Joesaph D 9815 47th A.N. #109 St. Petersburg. 7133708
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, PATRICIA 4800 98 WAY N, 204 ST. PETERSBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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 REQUIRED Alma Price / Vice Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #