

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727481

1. Entity Name

THE ANGELS UNAWARE, INC.

Principal Place of Business

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

Mailing Address

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

☒ KX

\$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]*  
Signature, typed or printed name of registered agent and title if applicable.

Ross H. O'Banion, Jr. Executive Director 4/3/02

(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 DIR  
NAME GIBBS, MARIE  
STREET ADDRESS 12736 MARJORY AVE  
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

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

TITLE P  
NAME MILAK, WILLIAM  
STREET ADDRESS 7409 S. MASCOTTE STREET  
CITY-ST-ZIP TAMPA FL 33616 ☐ Delete

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

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

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

TITLE VP  
NAME BLAIR, ROBERT  
STREET ADDRESS 1924 TAYLOR LANE  
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

TITLE DIR  
NAME Blair, Robert  
STREET ADDRESS 1924 Taylor Ln  
CITY-ST-ZIP Tampa FL 33618 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P  
NAME Albano, Robert  
STREET ADDRESS 502 S Fremont Ave - #1408  
CITY-ST-ZIP Tampa FL 33606 ☐ Change ☒ Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Monfort Treasurer 04/03/02

(813) 961-1159

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)