

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **741857**

1. Entity Name:

BASILIO SCIENTIFIC SCHOOL ASSOCIATION AND SPIRIT



FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90041 046 ****70.00

A0075105



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7226 N CORTEZ P O BOX 151293 TAMPA FL 33684 US	Mailing Address 7226 N CORTEZ P O BOX 151293 TAMPA FL 33684 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2330688	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AVELLA, GABRIEL A.
6755 OLD PASCO RD
WESLEY CHAPEL FL 33544

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code **33544**

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
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

TITLE P	AVELLA, GABRIEL A. 6755 OLD PASCO RD WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete
TITLE VD	DARRIBA, RAUL 4316 AUTUMN LEAVES DR TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE SD	ULLOA, JULIO 6414 N THATCHER AVE. TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE D	FORTE, JESUS 7437 OLCOTT DR ZEPHYRHILLS FL	<input type="checkbox"/> Delete
TITLE T	SANCHEZ, NORMA 11810 SWEETPEA CT TAMPA FL 33635	<input type="checkbox"/> Delete
TITLE 		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD	AVELLA, PAULINA 6755 OLD PASCO RD. WESLEY CHAPEL FL. 33544	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIC [Signature] 8-1-00-813-973-355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)