

DOCUMENT # F82973

1. Entity Name

CALIWORTH MANAGEMENT, INC.

Principal Place of Business

Mailing Address

17105 GULF BLVD.
NORTH REDINGTON BCH. FL 3370817105 GULF BLVD.
NORTH REDINGTON BCH. FL 33708-1497

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

59-2197040

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

SOUTHWORTH, A M
17105 GULF BLVD
N. REDINGTON BCH. FL 33708

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)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00.**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
SOUTHWORTH, MARGARET L
17105 GULF BLVD
N REDINGTON BEACH FL 33708☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP500003168245--8
-03/14/00--01026--003☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
MASCALI, FRANK
411 RIVERBAY DR
TAMPA FL 33316-4000☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDP
SOUTHWORTH, A M
17105 GULF BLVD
N REDINGTON BEACH FL 33708☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPD
LIMROTH, ELIZABETH S
17105 GULF BLVD.
N REDINGTON BCH FL 33708☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Elizabeth S Limroth 1-12-00

Date

727 372-0753

FILED

00 FEB 29 AM 9:14

SECRETARY OF STATE
TALLAHASSEE FL 32304
904069

DO NOT WRITE IN THIS SPACE