

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001986

1. Entity Name

The Cinderella Project, Inc.

Principal Place of Business

Mailing Address

777 Alderman Rd.

Palm Harbor, FL ~~34685~~ 34683

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

59-3634641

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

Pamela Seligman

Name

777 Alderman Rd.

Street Address (P.O. Box Number is Not Acceptable)

Palm Harbor, FL 34683

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

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 President ☒ Delete
NAME Jennifer Ditro
STREET ADDRESS 777 Alderman Road
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE T President ☒ Change ☐ Addition
NAME Pamela Seligman
STREET ADDRESS 777 Alderman Rd
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE Vice President / Secretary ☐ Delete
NAME Pamela Seligman
STREET ADDRESS 777 Alderman Rd
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE T Vice President / Secretary ☐ Change ☒ Addition
NAME Harmony Widman
STREET ADDRESS 777 Alderman Rd
CITY-ST-ZIP Palm Harbor, FL 34683

TITLE D Director ☐ Delete
NAME Catherine Westover
STREET ADDRESS 777 Alderman Rd
CITY-ST-ZIP Palm Harbor, FL 34683

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: Pamela D. Seligman Pamela D. Seligman 3/8/01 727-786-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-15-2001 90031 013 ****61.25

33111

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)