

2001 UNIFORM BUSINESS REPORT (UBR)

4/6/

FILED
May 05, 2001 8:00 am
Secretary of State

04-06-2001 90030 050 ****61.25

DOCUMENT # N00000006345

1. Entity Name

THE FLORIDA ASSOCIATION OF LEGAL VIDEOGRAPHERS I

Principal Place of Business

Mailing Address

P.O. BOX 17048
 CLEARWATER FL 33762

P.O. BOX 17048
 CLEARWATER FL 33762

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

☒ 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

CIPOLLONI, EUGENE JR.
623 CAPISTRANO CT.
LARGO FL 33771-2774

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

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 **D** ☐ Delete
 NAME **CIPOLLONI, EUGENE JR.**
 STREET ADDRESS **623 CAPISTRANO CT.**
 CITY-ST-ZIP **LARGO FL 33771**

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

TITLE **D** ☐ Delete
 NAME **HAMRICK, GARY F**
 STREET ADDRESS **208 SOUTH SHORE CREST DR.**
 CITY-ST-ZIP **TAMPA FL 33609**

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

TITLE **D** ☐ Delete
 NAME **SOTO, JAMES R**
 STREET ADDRESS **6259 NW 38 AVE.**
 CITY-ST-ZIP **CORAL SPRINGS FL 33067**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: *Eugene Cipolloni, Jr.* **SIGNATURE REQUIRED Eugene Cipolloni, Jr. 727-539 7331**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Doc# N000000006345 70856

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

(Rev. April 2000)

Department of the Treasury
Internal Revenue Service

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

EUGENE CIPOLLONI

2 Trade name of business (if different from name on line 1)

The Florida Association of Legal Videographers INC.

3 Executor, trustee, "care of" name

EUGENE CIPOLLONI

4a Mailing address (street address) (room, apt., or suite no.)

623 CAPISTRANO COURT

5a Business address (if different from address on lines 4a and 4b)

P.O. Box 17048

4b City, state, and ZIP code

LARSO, FL. 33771

5b City, state, and ZIP code

Clearwater, FL. 33762

6 County and state where principal business is located

PINELLAS COUNTY FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ►

EUGENE CIPOLLONI

261-25-9268

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)

☐ Partnership

☐ REMIC

☐ State/local government

☐ Church or church-controlled organization

☒ Other nonprofit organization (specify) ► **TRADE ASSN.**

☐ Other (specify) ►

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Other corporation (specify) ►

☐ Trust

☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA**

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☐ Started new business (specify type) ►

☐ Hired employees (Check the box and see line 12.)

☐ Created a pension plan (specify type) ►

☒ Banking purpose (specify purpose) ► **Depositing Dues**

☐ Changed type of organization (specify new type) ►

☐ Purchased going business

☐ Created a trust (specify type) ►

☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

Sept 21, 2000

11 Closing month of accounting year (see instructions)

Dec. 31, 2001

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ►

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ► **NONPROFIT TRADE ASSN. FOR LEGAL VIDEOGRAPHERS**

15 Is the principal business activity manufacturing?

☐ Yes

☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)

☐ Other (specify) ►

☐ Business (wholesale)

☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

(727) 539-7511

Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► **EUGENE CIPOLLONI**

Signature ► **Eug. Cipolloni**

Date ► **April 25, 2001**

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying