

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-01-2001 90001 027 ****61.25

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DOCUMENT # N00000007918

1. Entity Name

UTOPIA MOVEMENT, INC.

LP

Principal Place of Business

255 PIZARRO ROAD
 ST. AUGUSTINE FL 32084

Mailing Address

255 PIZARRO ROAD
 ST. AUGUSTINE FL 32084

2. Principal Place of Business

255 PIZARRO ROAD

3. Mailing Address

255 PIZARRO ROAD

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

DO NOT WRITE IN THIS SPACE



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

ZAPPONE, MARK A
 255 PIZARRO ROAD
 ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name: Mark A. Zappone
 Street Address (P.O. Box Number is Not Acceptable): 255 PIZARRO ROAD
 City: St. Augustine FL Zip Code: 32080

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

Mark A. Zappone

July 3, 2001

Signature, typed or printed name of registered agent and used applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, 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	President	☐ Delete
NAME	Mark A. Zappone	
STREET ADDRESS	255 Pizarro Road	
CITY-ST-ZIP	St. Augustine, FL 32080	
TITLE	Vice President	☐ Delete
NAME	Jim Nicolino	
STREET ADDRESS	61 Weeden St.	
CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	Treasurer	☐ Delete
NAME	Kristina G. Gilbert	
STREET ADDRESS	1601 S. Douglas Ave	
CITY-ST-ZIP	Springfield, Illinois 62704	
TITLE	Mike Wiley - Treasurer	☐ Delete
NAME	16 Village Dr. North	
STREET ADDRESS	Somers Point, NJ 08244	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 817, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 3, 2001

904-823-2443

Date

Daytime Phone #

CR2E037 (5/01)