

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008426

1. Entity Name

THE AIDS MEMORIAL BELLS, INC.

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90070 018 ****70.00

Principal Place of Business

1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

Mailing Address

1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

2. Principal Place of Business

THE AIDS MEMORIAL BELLS, INC.
1071 DONEGAN RD. # 1437
LARGO, FL 33771

3. Mailing Address

THE AIDS MEMORIAL BELLS, INC.
P.O.Box 5223
LARGO, FL 33779-5223



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3685839

Applied For

Not Applicable

5. Certificate of Status: Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, TERRY J
1508 ADAMS CIRCLE EAST
LARGO FL 33771-3474

7. Name and Address of New Registered Agent

Name

MCGUIRE, TERRY J
1071 DONEGAN RD. # 1437
LARGO, FL 33771

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

Terry McGuire (Pres)

(NOTE: Registered Agent Signature required when reinstating)

DATE

1/10/02

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

TITLE PCMD
NAME MCGUIRE, TERRY J ☐ Delete
STREET ADDRESS 1508 ADAMS CIRCLE EAST
CITY-ST-ZIP LARGO FL 33771-3474

TITLE TSD
NAME KONNERTH, DAVID S ☐ Delete
STREET ADDRESS 5150 10TH AVE. N. #101
CITY-ST-ZIP ST. PETERSBURG FL 33710-3474

TITLE D
NAME LAVTH, THOM ☒ Delete
STREET ADDRESS 1145 DREW ST.
CITY-ST-ZIP CLEARWATER FL 33755

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCMD ☒ Change ☐ Addition
NAME MCGUIRE, TERRY J
STREET ADDRESS 1071 DONEGAN RD. # 1437
CITY-ST-ZIP LARGO, FL 33771

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

TITLE D ☐ Change ☒ Addition
NAME DUNN, CAROL
STREET ADDRESS 2101 SUNSET POINT RD. #201
CITY-ST-ZIP CLEARWATER, FL 33765

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

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

TITLE
NAME ☐ Change ☐ Addition
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:

Terry McGuire
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02

727-684-0002

CR2E037 (9/01)