

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90283 038 \*\*\*\*61.25

**DOCUMENT # N00684**

1. Entity Name

**CRISTINA FOUNDATION, INC.**



Principal Place of Business

**C/O JOSEPHINE V CAMPO  
1605 COTTAGEWOOD DR.  
BRANDON FL 33510**

Mailing Address

**C/O JOSEPHINE V CAMPO  
1605 COTTAGEWOOD DR.  
BRANDON FL 33510**

2. Principal Place of Business

**907 Oak Hollow PL**

3. Mailing Address

**P.O. Box 2410**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRANDON**

City & State

**BRANDON**

Zip

**33510**

Country

**Hill Country**

Zip

**33509**

Country

**Hill Country**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2439694**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAMPO, RAMON F  
1605 COTTAGEWOOD  
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name

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

**907-Oak Hollow PL.**

City

**BRANDON**

**FL**

Zip Code

**33510**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/7/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **CAMPO, RAMON F**  
STREET ADDRESS **1605 COTTAGEWOOD**  
CITY-ST-ZIP **BRANDON, FL 00000**

TITLE **DV** ☐ Delete  
NAME **CAMPO, DANIEL**  
STREET ADDRESS **1605 COTTAGEWOOD**  
CITY-ST-ZIP **BRANDON FL 33510**

TITLE **DTS** ☐ Delete  
NAME **EKONOMOU, DIANA**  
STREET ADDRESS **907 OAK HOLLOW CT.**  
CITY-ST-ZIP **BRANDON FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 **907-Oak Hollow PL**  
CITY-ST-ZIP **BRANDON 33510**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **907-Oak Hollow PL**  
CITY-ST-ZIP **BRANDON FL 33510**

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 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: **SIGNATURE REQUIRED RAMON F. CAMPO 4/7/03 813-681-9989**

CR2E037 (10/02)