

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

007947

DOCUMENT # **N01000001779**

1. Entity Name

WORLD WIDE WEB CHARITIES, INC.

03-13-2002 90151 038 ****61.50

Principal Place of Business

Mailing Address

**12824 TALLOWOOD DR
RIVERVIEW FL 33569**

**12824 TALLOWOOD DR
RIVERVIEW FL 33569**

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name **CHRISTINE KAZOR**
Street Address (P.O. Box Number is Not Acceptable) **12824 TALLOWOOD DR.**
City **RIVERVIEW** FL **33569**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, MICHAEL	
STREET ADDRESS	12824 TALLOWOOD DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KAZOR, CHRISTOPHER P	
STREET ADDRESS	12824 TALLOWOOD DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAZOR, CHRISTINE S	
STREET ADDRESS	12824 TALLOWOOD DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAGROVES, CONRAD C	
STREET ADDRESS	12824 TALLOWOOD DR	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	LPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA AUSTIN	
STREET ADDRESS	1523-BURNING TREE LAKE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INDMAS LEBCHIN	
STREET ADDRESS	8614 HERONS COVE PLACE	
CITY-ST-ZIP	TRAMPA 33647	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **CHRISTINE KAZOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02 813 6265261

Date

Daytime Phone #

CR2E037 (9/01)