

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 21, 2002 8:00 am**
Secretary of State

05-21-2002 91239 007 ****61.25

DOCUMENT # NO1000003090

1. Entity Name

OLDSMAR COMMUNITY ALLIANCE, CORP.

Principal Place of Business

Mailing Address

P. O. BOX 795

P. O. BOX 795

OLDSMAR FL 34677-0795

OLDSMAR FL 34677-0795

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

59-3723486

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

Name

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

City

FL

Zip Code

**KUTCHINS, BRYAN A
3974 TAMPA RD., SUITE A
OLDSMAR FL 34677**

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 \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	D	CANALUNGO, ANGELA	470 CYPRESS LAKE CT. OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition	LAKE		
<input type="checkbox"/> Delete	D	ANDERSON, JOHN F	611 LAKE CYPRESS CIR. OLDSMAR FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	V	ANDERSON, JOHN F	611 LAKE CYPRESS CIR OLDSMAR, FL 34677
<input type="checkbox"/> Delete	D	COLLINS, CRAIG T	415 LAKEWOOD DR. OLDSMAR FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T	COLLINS, CRAIG T	915 LAKEWOOD DR. OLDSMAR, FL 34677
<input type="checkbox"/> Delete	P	LUCAS, MICHAEL J	506 LAKEWOOD DR. OLDSMAR FL 34677	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S	KAREN MANNING	518 LAKEWOOD DR OLDSMAR, FL 34677
<input checked="" type="checkbox"/> Delete	V	DIGIROLAMO, TOM	425 CYPRESS VIEW DR. OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input checked="" type="checkbox"/> Delete	ST	LAGUE, TERI	604 LAKE CYPRESS DR. OLDSMAR FL 34677	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John F. Anderson 4/23/02 727-539-2805

CR2E037 (9/01)