

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90004 028 ****70.00

DOCUMENT # N01000005307

1. Entity Name

RED RIBBON HOMESTEAD AIDS PROJECT, INC.

Principal Place of Business

Mailing Address

~~C/O JOSEPH & COMPANY CPAS, INC.~~
 7215 HIAWATHA PARKWAY
 SPRING HILL FL 34606

~~C/O JOSEPH & COMPANY CPAS, INC.~~
 7215 HIAWATHA PARKWAY
 SPRING HILL FL 34606

2. Principal Place of Business

3. Mailing Address

C/O Raymond P. Virgilio CPA, P.A. Suite, Apt. #, etc. Same as 2

City & State

City & State

4. FEI Number

59-3736384

Applied For

Not Applicable

Zip

Country

Zip

Country

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

VIRGILIO, RAY

~~JOSEPH & COMPANY CPAS, INC.~~
 7215 HIAWATHA PARKWAY
 SPRING HILL FL 34606

Name

Raymond P. Virgilio CPA, P.A.

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

7215 Hiawatha Parkway

City

Spring Hill

FL

Zip Code

34606

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

02-27-02

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 ☐ Delete
 NAME **D KRAKOWER, STEVEN R**
 STREET ADDRESS **2152 GREGORY PLACE**
 CITY-ST-ZIP **SEA GRIT NJ 08750**

TITLE ☐ Delete
 NAME **D KRAKOWER, CAROL ANN**
 STREET ADDRESS **2152 GREGORY PLACE**
 CITY-ST-ZIP **SEA GRIT NJ 08750**

TITLE ☐ Delete
 NAME **D NEUSCHAEFER, WILLIAM**
 STREET ADDRESS **2297 PINE COURT**
 CITY-ST-ZIP **PALM HARBOR FL 34683**

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
 CITY-ST-ZIP

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

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 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 an other like empowered.

SIGNATURE: X *Steven R. Krakower* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-03-02

Date

(407) 701-0449

Daytime Phone #

CR2E037 (9/01)