

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

07-29-2002 90004 044 ****61.25

NO2000004771

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 31 PM 4:01

DOCUMENT # **NO2000004771**

1. Entity Name

Port St. John for Tomorrow, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7185 BRIGHT AVE
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. JOHN, FL 32927

City & State

4. FEI Number

Applied For

☒ Applied For

☐ Not Applicable

Zip

32927

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MAUREEN RUPE

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

7185 BRIGHT AVE.

City

PORT ST. JOHN, FL

FL

Zip Code

32927

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARY TEES 5115 FAY BLVD. PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MAUREEN RUPE 7185 BRIGHT AVE PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CARMINE FERRARO 4165 QUECHUA RD PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/23/02

Daytime Phone #

32-633-3724

CR2E037B (12/01)