

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90127 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N29172

1. Entity Name  
**CONCERNED CITIZENS OF BELLEAIR, INC.**

Principal Place of Business C/O ROBERT M. SNIBBE 1115 PONCE DE LEON BLVD. BELLEAIR FL 33756 US	Mailing Address C/O ROBERT M. SNIBBE 1115 PONCE DE LEON BLVD. BELLEAIR FL 33756-1040 US
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2. Principal Place of Business <b>610 Frank R. Mudano</b> Suite, Apt. #, etc. <b>504 Poinsettia Rd.</b>	3. Mailing Address <b>504 Poinsettia Rd.</b> Suite, Apt. #, etc. <b>610 F.R. Mudano</b>
City & State <b>Belleair, FL</b>	City & State <b>Belleair, FL</b>
Zip <b>FL 33756</b> Country <b>USA</b>	Zip <b>33756</b> Country <b>USA</b>

4. FEI Number <b>59-2960522</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**SNIBBE, ROBERT M.**  
**1115 PONCE DE LEON BOULEVARD**  
**BELLEAIR FL 33756**

7. Name and Address of New Registered Agent  
 Name **Frank R. Mudano**  
 Street Address (P.O. Box Number is Not Acceptable)  
**504 Poinsettia Rd.**  
 City **Belleair** FL **33756**

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: *Frank R. Mudano* **President** DATE: **4-10-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PD MUDANO, FRANK 504 POINSETTIA RD BELLEAIR FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD POLICANDRIOTES, TONY 1712 MEREDITH LANE BELLEAIR FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD WEIBLE, CHERYL 455 PARK AVENUE BELLEAIR FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank R. Mudano* **4-10-00 (127) 539-8737**  
Signature and typed or printed name of signing officer or director **Frank R. Mudano, President** Daytime Phone #

CR2E037 (9/99)