

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90743 018 ****61.25

DOCUMENT # N29172

1. Entity Name

CONCERNED CITIZENS OF BELLEAIR, INC.



Principal Place of Business

C/O FRANK R. MODANO
504 POINSETTA ROAD
BELLEAIR FL 33756
US

Mailing Address

C/O FRANK R. MODANO
504 POINSETTA ROAD
BELLEAIR FL 33756
US

2. Principal Place of Business

410 Ricardo Ortega
Suite, Apt. #, etc.
375 Woodlawn Ave.

3. Mailing Address

375 Woodlawn Ave.
Suite, Apt. #, etc.

City & State

Belleair

City & State

Belleair, Florida

Zip

33756

Country

Pinellas

Zip

33756

Country

Pinellas

6. Name and Address of Current Registered Agent

MUDANO, FRANK R
504 POINSETTA ROAD
BELLEAIR FL 33756

7. Name and Address of New Registered Agent

Name **Ricardo Ortega**
Street Address (P.O. Box Number is Not Acceptable)
375 Woodlawn Ave
City **Belleair** FL Zip Code **33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Ricardo Ortega, President

(NOTE: Registered Agent signature required when reinstating)

April 28, 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MUDANO, FRANK**
STREET ADDRESS **504 POINSETTA RD**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **VO** ☒ Delete
NAME **POLICANDRIOTES, TONY**
STREET ADDRESS **1712 MEREDITH LANE**
CITY-ST-ZIP **BELLEAIR FL 33756**

TITLE **STD** ☒ Delete
NAME **WEIBLE, CHERYL**
STREET ADDRESS **455 PARK AVENUE**
CITY-ST-ZIP **BELLEAIR FL 33756**

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 **PD** ☒ Change ☐ Addition
NAME **Ricardo Ortega**
STREET ADDRESS **375 Woodlawn Ave**
CITY-ST-ZIP **Belleair, FL 33756**

TITLE **STD** ☒ Change ☐ Addition
NAME **Justine Ortega**
STREET ADDRESS **375 Woodlawn Ave**
CITY-ST-ZIP **Belleair, FL 33756**

TITLE **STD** ☒ Change ☐ Addition
NAME **Ginnie Zimmerman**
STREET ADDRESS **1465 Orange Ave.**
CITY-ST-ZIP **Belleair, FL 33756**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 727-822-7526

Date

Daytime Phone #

CR2E037 (10/02)