

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005776

1. Entity Name

NORTH BON AIR NEIGHBORHOOD, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90137 043 \*\*\*\*61.25

Principal Place of Business 3817 NORTH A STREET, WEST TAMPA FL 33609-2702	Mailing Address 3817 NORTH A STREET, WEST TAMPA FL 33609-2702
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3411395</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

O'DONOGHUE, J E SR.  
 3915 FIG STREET, WEST  
 TAMPA FL 33609-1219

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 J.E. O'Donoghue Sr. Treasurer J.E. O'Donoghue Sr. 4/11/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:**  
**FEE IS \$61.25**

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	D	<input type="checkbox"/> Delete
NAME	PATRICK, EDNA	
STREET ADDRESS	3817 NORTH A STREET, WEST	
CITY-ST-ZIP	TAMPA FL 33609-2702	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONOGHUE, J E SR.	
STREET ADDRESS	3915 FIG STREET, WEST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIEN, JESSICA	
STREET ADDRESS	4017 FIG ST W	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALIFANO, TINA	
STREET ADDRESS	3825 NORTH B STREET, WEST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAMASO, MICHAEL J	
STREET ADDRESS	3913 FIG STREET, WEST	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACEVEDO, GREG	
STREET ADDRESS	3922 LEMON STREET, WEST	
CITY-ST-ZIP	TAMPA FL 33609	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUSON David M.	
STREET ADDRESS	4102 Fig St West	
CITY-ST-ZIP	Tampa FL 33609 2207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Edna Patrick, President 4/11/00 (813) 877-2350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)