

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90150 027 ****61.25

DOCUMENT # N96000005776

1. Entity Name

NORTH BON AIR NEIGHBORHOOD, INC.

Principal Place of Business

**3817 NORTH A STREET, WEST
 TAMPA FL 33609-2702**

Mailing Address

**3817 NORTH A STREET, WEST
 TAMPA FL 33609-2702**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3411395

Applied For

Not Applicable

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

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

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
D PATRICK, EDNA
 STREET ADDRESS **3817 NORTH A STREET, WEST**
 CITY-ST-ZIP **TAMPA FL 33609-2702**

TITLE NAME Change Addition
D Helen Thompson
 STREET ADDRESS **3920 Carmen Street West**
 CITY-ST-ZIP **Tampa FL 33609**

TITLE NAME Delete
D O'DONOGHUE, J E SR.
 STREET ADDRESS **3915 FIG STREET, WEST**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE NAME Change Addition
D Sink, Charles W.
 STREET ADDRESS **3919 North B Street, west**
 CITY-ST-ZIP

TITLE NAME Delete
D TIEN, JESSICA
 STREET ADDRESS **4017 FIG ST W**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D FUSON, DAVID M
 STREET ADDRESS **4102 FIG ST WEST**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D DAMASO, MICHAEL J
 STREET ADDRESS **3913 FIG STREET, WEST**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
D ACEVEDO, GREG
 STREET ADDRESS **3922 LEMON STREET, WEST**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE NAME Change Addition
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

Daytime Phone #

CR2E037 (9/01)