

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001650

1. Entity Name

RADCLIFF ESTATES CRIME WATCH, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90035 026 ****61.25

Principal Place of Business

Mailing Address

8750 BERMUDA LN
PORT RICHEY FL 34668
US

8750 BERMUDA LN
PORT RICHEY FL 34668-5940
US

2. Principal Place of Business

8753 Martinique Lane

3. Mailing Address

8753 Martinique Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey, Florida

City & State

Port Richey, Florida

4. FEI Number

59-3448136

Applied For

Not Applicable

Zip
34668

Country
Pasco

Zip
34668

Country
Pasco

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

ERWIN, BILL
8750 BERMUDA LN
PORT RICHEY FL 34668

Name
Max E. Bolander

Street Address (P.O. Box Number is Not Acceptable)
8753 Martinique Lane

Port Richey
City

FL Zip Code
34668

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 *Max E. Bolander*

4-25-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D. ☒ Delete
NAME ROWDEN, ORVILLE
STREET ADDRESS 8722 ANDROS LANE
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D. ☐ Change ☒ Addition
NAME ERWIN BILL
STREET ADDRESS 8750 BERMUDA ALNE
CITY-ST-ZIP PORT RICHEY FR. 34668

TITLE VP ☒ Delete
NAME BOLANDER, MAX
STREET ADDRESS 8753 MARTINIQUE LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VP ☒ Change ☐ Addition
NAME BREHM ROBERT
STREET ADDRESS 7845 EXUMA
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE S ☐ Delete
NAME SENDIERI, S. GINA
STREET ADDRESS 8814 ARUBA LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE T ☒ Delete
NAME COLLURA, VICENT
STREET ADDRESS 8723 BERMUDA LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE T ☒ Change ☐ Addition
NAME BOLANDER GINA
STREET ADDRESS 8753 MARTINIQUE LAND
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☐ Delete
NAME GONZALEZ, SALLY
STREET ADDRESS 8752 ANDROS LN
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☒ Delete
NAME BOLANDER, GINA
STREET ADDRESS 8753 MARTINIQUE LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☒ Change ☐ Addition
NAME MANGANO GINNIE
STREET ADDRESS 8749 ARUBA LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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: *Max E. Bolander*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

Daytime Phone #

CR2E037 (9/99)