

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005667

1. Entity Name

FLORIDIAN'S REPRESENTING EQUITY AND EQUALITY, IN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 15 PM 4:51

Principal Place of Business

Mailing Address

1333 W. CASS STREET
TAMPA FL 33606

P.O. BOX 172242
TAMPA FL 33672-1722

00004303

2. Principal Place of Business

3. Mailing Address

3708 SWANN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3471031

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, GEORGE A
7206 YARDLEY WAY
TAMPA FL 33647

Name LEON RUSSELL

Street 400 S HARRISON AVE STE 300

City CLEARWATER

FL

Zip 33647

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

Leon Russell

9/2/01

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 PD
NAME RUSSELL, LEON
STREET ADDRESS 400 S HARRISON AVE, STE 300
CITY-ST-ZIP CLEARWATER FL 33756

☐ Delete

TITLE DTD
NAME DAVIS, GEORGE A
STREET ADDRESS 7206 YARDLEY WAY
CITY-ST-ZIP TAMPA FL 33647

☒ Delete

TITLE TD
NAME VAN PELT, TONI
STREET ADDRESS 11280 FREEDOM COURT
CITY-ST-ZIP SEMINOLE FL 33772

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME NANCY HALLBERT
STREET ADDRESS 1153 S W 25 AVENUE
CITY-ST-ZIP DEERFIELD BCH FL 33444

☐ Change ☒ Addition

TITLE D.
NAME MADINE SMITH
STREET ADDRESS 3708 SWANN AVE
CITY-ST-ZIP TAMPA FL 33609

☐ Change ☒ Addition

TITLE S
NAME ROY KAPLAN
STREET ADDRESS 750 93RD AVE N
CITY-ST-ZIP ST PETERSBURG FL 33702

☐ Change ☒ Addition

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:

NOTARY PUBLIC REQUIRED

9/4/01

727 393 4676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005667

1. Entity Name

FLORIDIAN'S REPRESENTING EQUITY AND EQUALITY, IN

Principal Place of Business

1333 W. CASS STREET
TAMPA FL 33606

Mailing Address

P.O. BOX 172242
TAMPA FL 33672-1722

00004003

2. Principal Place of Business

3708 SWANN AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tampa

City & State

4. FEI Number

59-3471031

Applied For

Not Applicable

Zip 33609

Country

Zip

Country

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

DAVIS, GEORGE A
7206 YARDLEY WAY
TAMPA FL 33647

7. Name and Address of New Registered Agent

Name

LEON RUSSELL

Street

400 S HARRISON AVE STE 300

City

CLEARWATER

FL

Zip 33647

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

Leon Russell Leon W. Russell 9/2/01

10/11/01

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
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	RUSSELL, LEON	400 S HARRISON AVE, STE 300	CLEARWATER FL 33758	<input type="checkbox"/>
DTD	DAVIS, GEORGE A	7206 YARDLEY WAY	TAMPA FL 33647	<input checked="" type="checkbox"/>
TD	VAN PELT, TONI	11280 FREEDOM COURT	SEMINOLE FL 33772	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
SD	NANCY HALLBERT	1153 SW 25 AVENUE	DEERFIELD BCH FL 33444	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D.	NADINE SMITH	3708 SWANN AVE	Tampa FL 33609	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	ROY KAPLAN	750 93RD AVE N	ST PETERSBURG FL 33702	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 checked.

CR2E037 (5/01)