

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90048 037 \*\*\*\*61.25

**DOCUMENT # N97000005876**

1. Entity Name

ANGELA M. RUSSO CHARITY, INC.

Principal Place of Business

2611 BAYSHORE BLVD., #403  
TAMPA FL 33629

Mailing Address

~~P.O. BOX 1050~~  
TAMPA FL 33601

2. Principal Place of Business

3. Mailing Address

P.O. Box 1020

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
TAMPA, FL

4. FEI Number

59-3473904

Applied For

Not Applicable

Zip

Country

Zip

Country

33601

HILLSBOROUGH

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

RUSSO, RICHARD P

~~293 LITHIA PINECREST RD.~~  
~~BRANDON FL 33511~~

Name

RICHARD P. RUSSO

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

2611 BAYSHORE BLVD., #403

City

TAMPA

FL

Zip Code

33629

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

R. P. Russo, RICHARD P. RUSSO, PRES.

1-15-01

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**

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 RUSSO, RICHARD P  
STREET ADDRESS 2611 BAYSHORE BLVD., #403  
CITY-ST-ZIP TAMPA FL 33629

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME NELSON G. RUSSO  
STREET ADDRESS 6808 PLEASANT OAKS PLACE  
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE D ☐ Delete  
NAME WIEBELD, LILLIAN  
STREET ADDRESS 620 MARPHIL LOOP  
CITY-ST-ZIP BRANDON FL 33511

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

TITLE D ☐ Delete  
NAME RUSSO, RICHARD P JR.  
STREET ADDRESS 4001 SADDLE RIDGE DR.  
CITY-ST-ZIP VALRICO FL 33594

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

R. P. Russo, RICHARD P. RUSSO 1-15-01 813-220-6072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)