

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000000033****1. Entity Name**
PRESERVE OUR NEIGHBORHOOD, INC.

Principal Place of Business 5096 KILTY CT EAST BRADENTON FL 34203	Mailing Address 5096 KILTY CT EAST BRADENTON FL 34203
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2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
65-0807686Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**CLEARY KENNETH W
2401 MANATEE AVENUE WEST
BRADENTON FL US

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** **03/02/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D NAME CAROL B MONTAGUE STREET ADDRESS 4523 51ST ST E CITY-ST-ZIP BRAQDENTON FL 34203	<input type="checkbox"/> Delete
TITLE D/V NAME IVY PETERSON STREET ADDRESS 4924 KILTY CT EAST CITY-ST-ZIP BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE D/P NAME FISCHER GEORGE STREET ADDRESS 4822 RAINTREE ST CIRCLE E CITY-ST-ZIP BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE DST NAME LOVELACE DICK STREET ADDRESS 5096 KILTY CT EAST CITY-ST-ZIP BRADENTON FL 34203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** GEORGE FISCHER D/P 03/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)