

# 2000 UNIFORM BUSINESS REPORT (UBR)

19 1052

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DOCUMENT # N98000005146

1. Entity Name

CENTRAL WEST FLORIDA PRESERVATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 7 AM 9:35

Principal Place of Business	Mailing Address
1802 E. 9TH AVE. TAMPA FL 33605	1802 E. 9TH AVE. TAMPA FL 33605-3818



DO NOT WRITE IN THIS SPACE

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	Applied For
59-3466865	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHIRALDI, FRANK  
1802 E. 9TH AVE.  
TAMPA FL 33605

7. Name and Address of New Registered Agent

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 Frank Schiraldi - FRANK SCHIRALDI 2/7/00

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	BENDER, SHELBY	
STREET ADDRESS	1104 W. CHERRY STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	HOLE, JEFF	
STREET ADDRESS	1951 HIGH POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHIRALDI, FRANK SCHIRALDI	
STREET ADDRESS	1802 E. 9TH AVE.	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: SHELBY BENDER 2/7/00 813-754-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

AD

STATE OF FLORIDA		VOUCHER SCHEDULE		DATE	02/22/2000	S-W/Agency Voucher No.
450000		JT-2				D00-0050-4079
DEPARTMENT OF STATE						004128
DEPARTMENT OF STATE						F

*Received 2/23/00 27*

CONTROLLER ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
01000134-4520000000-04000000	EXPENSES	4990	25	45
INV: 000003229	INVOICE AMOUNT		INCREASE AMOUNT	INCREASE AMOUNT
	61.25		61.25	
02130001-4530000000-00010000	FEES			61.2

TRANSACTION TYPE: JOURNAL ADVISE

TOTAL

TOTAL

61.25

61.2

I hereby certify that the above transactions are in accordance with the Florida Statutes and all applicable laws and rules of the State of Florida.

*For State Comptroller's Use Only*

Time In

APPROVED:

*Lynda W. Wilson*

Audited By

TITLE