

2001 UNIFORM BUSINESS REPORT (UBR)

pg 19

DOCUMENT # N98000005146

1. Entity Name

CENTRAL WEST FLORIDA PRESERVATION, INC.

Principal Place of Business

1802 E. 9th AVE
TAMPA, FL
33605

Mailing Address

1802 E. 9th AVE
TAMPA, FL
33605

FILED
01 APR 26 PM 2:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

59-3466865

Applied 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

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

4/12/01

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

TITLE CD
NAME HOLE, JEFF
STREET ADDRESS 1951 HIGH POINT DRIVE
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE VCD
NAME BUNCH, JEAN
STREET ADDRESS P.O. Box 568
CITY-ST-ZIP HIGHLANDS CITY, FL 33846 ☐ Delete

TITLE SD
NAME SCHIRALDI, FRANK
STREET ADDRESS 1802 E. 9th AVE
CITY-ST-ZIP TAMPA, FL 33605 ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK SCHIRALDI

Date

4/12/01

Daytime Phone #

CR2E037 (11/00)

(813) 272-3843

SP

STATE OF FLORIDA

VOUCHER SCHEDULE

DATE

04/25/2001

S-W Agency Voucher No.

010-0065-8054

005884

N

450000

JT-2

DEPARTMENT DEPARTMENT OF STATE

TE DEPARTMENT OF STATE

COMPTROLLER ACCOUNT NUMBER	CF	COMPTROLLER ACCOUNT NAME	INVOICE	INVOICE AMOUNT
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OBJECT
CODETRANS
CODE

25

TRANS
CODE

45

INCREASE AMOUNT

INCREASE AMOUNT

01000132-4520010000-040000000	4990	61.25	
ADMINISTRATIVE SERVICES DIVISIO			
EXPENSES			
INV: 000004656		61.25	

02510002-4520010000-001000000			61.25
OPERATING TRUST FUNDDOS SEC. ST			
STATE GRANTS			

TRANSACTION TYPE: JOURNAL ADVICE

TOTAL

61.25

TOTAL

61.25

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:

Audited By

FILE