

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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 NAME STREET ADDRESS CITY-ST-ZIP	CD HOLE, JEFF 1951 HIGH POINT DRIVE SARASOTA FL 34236	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BUNCH, JEAN P.O. BOX 568 HIGHLANDS CITY FL 33846	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHIRALDI, FRANK 1802 E. 9TH AVE. TAMPA FL 33605	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD HILSTON, DAVID C. 326 W. MARION AVE. PUNTA GORDA, FL 33950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: FRANK SCHIRALDI, 7/8/02 (813) 272-3843

FILED

02 JUL 24 AM 7:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)

STATE OF FLORIDA DLO 450000 DEPARTMENT DEPARTMENT OF STATE SITE DEPARTMENT OF STATE	VOUCHER SCHEDULE JT-2	DATE 07/24/2002	S-W/Agency Voucher No. <b>D30-0003-6141</b> <b>000332</b> <b>M</b>
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COMPTROLLER ACCOUNT NUMBER	CF	OBJECT CODE	TRANS CODE	TRANS CODE
	COMPTROLLER ACCOUNT NAME		25	45
	INVOICE		INCREASE AMOUNT	INCREASE AMOUNT
45101000132-4520070000-04000000	ADMINISTRATIVE SERVICES DIVISIO	4990	61.25	
	EXPENSES			
INV: 000007008	61.25			
45502130001-4530010000-00010000	CORPORATIONS TRUST FUND DOS FEE			61.25
	S			
TRANSACTION TYPE: JOURNAL ADVICE			TOTAL	TOTAL
			61.25	61.25

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

APPROVED: *Hal Couch*

Time in

Audited By