

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0012296

DOCUMENT # N98000005146

1. Entity Name

CENTRAL WEST FLORIDA PRESERVATION, INC.



FILED

03 SEP 12 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



☐ CHECK HERE IF MAKING CHANGES

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 THIRLWALL, JEFF  
Street Address (P.O. Box Number is Not Acceptable)  
1802 E. 9TH AVE.  
TAMPA FL  
City FL Zip Code 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

*Jeff Thirlwall*

JEFF Thirlwall

8/29/03

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  
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HOLE, JEFF	
STREET ADDRESS	1951 HIGH POINT DRIVE	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	HILSTON, DAVID C	
STREET ADDRESS	326 W. MARION AVE.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHIRALDI, FRANK	
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	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILSTON, DAVID C. J.	
STREET ADDRESS	326 W. MARION AVE.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, NANCY	
STREET ADDRESS	6355 EAST CR 478 South	
CITY-ST-ZIP	CENTER HILL, FL 33514	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THIRLWALL, JEFF	
STREET ADDRESS	1802 E. 9TH AVE.	
CITY-ST-ZIP	TAMPA FL 33605	
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:

*Jeff Thirlwall* JEFF Thirlwall 8/28/03 (813) 272-3843

CR2E037 (4/03)