

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/1

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90282 044 \*\*\*\*61.25

**DOCUMENT # N99000004199**

1. Entity Name

**COMMITTEE OF FORTY, INC.**

Principal Place of Business

Mailing Address

18635 GERACI ROAD  
 LUTZ FL 33549

18635 GERACI ROAD  
 LUTZ FL 33549-4988

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  
 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

**CUSHING, JOHN**  
 18635 GERACI ROAD  
 LUTZ FL 33549

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.**  Delete **D.**  
 NAME **JOHN R. CUSHING RTD.**  
 STREET ADDRESS **18635 GERACI**  
 CITY-ST-ZIP **LUTZ, FL. 33549**

Change  Addition

TITLE **VP.**  Delete **D.**  
 NAME **Tom Mead**  
 STREET ADDRESS **18718 Geraci Road**  
 CITY-ST-ZIP **LUTZ, FL. 33549**

Change  Addition

TITLE **T.**  Delete **D.**  
 NAME **Adam Bugan**  
 STREET ADDRESS **624 Crystal Lake Rd**  
 CITY-ST-ZIP **LUTZ, FL. 33549**

Change  Addition

TITLE **S.**  Delete **T.**  
 NAME **Ann Marie Coats**  
 STREET ADDRESS **2618 WILSON CIRCLE**  
 CITY-ST-ZIP **LUTZ, FL. 33549**

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

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: John R. Cushing **JOHN R. CUSHING** **Apr. 28-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #