

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # N99000004199

1. Entity Name

COMMITTEE OF FORTY, INC.

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

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

Principal Place of Business

18635 GERACI ROAD
LUTZ FL 33549

Mailing Address

18635 GERACI ROAD
LUTZ FL 33549-4988

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

CUSHING, JOHN
18635 GERACI ROAD
LUTZ FL 33549

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

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 P.	NAME JOHN R. CUSHING RTD. D.	<input type="checkbox"/> Delete
STREET ADDRESS 18635 GERACI		
CITY-ST-ZIP LUTZ, FL. 33549		
TITLE VP.	NAME Tom Mead D.	<input type="checkbox"/> Delete
STREET ADDRESS 18718 Geraci Road		
CITY-ST-ZIP LUTZ, FL. 33549		
TITLE T.	NAME Adam Bugan D.	<input type="checkbox"/> Delete
STREET ADDRESS 624 Crystal Lake Rd		
CITY-ST-ZIP LUTZ, FL. 33549		
TITLE S.	NAME Ann Marie Coats T.	<input type="checkbox"/> Delete
STREET ADDRESS 2618 WILSON CIRCLE		
CITY-ST-ZIP LUTZ, FL. 33549		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN R. CUSHING
Date: 6/28-00
Daytime Phone #: (813) 949-6872