

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006457

1. Entity Name

THE CONSTITUTION SOCIETY, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90076 017 ****61.25

Principal Place of Business

Mailing Address

11122 137TH STREET NORTH
LARGO FL 33774-4135

11122 137TH STREET NORTH
LARGO FL 33774-4135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

TRIOLO, JOSEPH
15107 MADERIA WAY
MADERIA BEACH FL 33708

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 ☐ Delete
NAME **D**
STREET ADDRESS **LEAVENS, JOHN**
CITY-ST-ZIP **2358 SHADE TREE LANE**
CLEARWATER FL 33759-1332

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MARLIN, LARRY**
CITY-ST-ZIP **132 LINDSAY LANE**
OLDSMAR FL 34677

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **CHOU, MAY WONG**
CITY-ST-ZIP **POST OFFICE BOX 2245 N/A**
ST. PETERSBURG FL 33731-2245

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MCKEON, THOMAS R**
CITY-ST-ZIP **11122 137TH STREET, NORTH**
LARGO FL 33774-4135

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HOLMES, CURTIS**
CITY-ST-ZIP **2198 KENT AVENUE**
CLEARWATER FL 33764

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **TRIOLO, JOSEPH**
CITY-ST-ZIP **6388 HAMPTON DRIVE, NORTH**
ST. PETERSBURG FL 33710

TITLE ☐ Change ☐ 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:

THOMAS R. MCKEON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000 *727-596-5967*
Date Daytime Phone #

CR2E037 (9/99)