

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006457

1. Entry Name

THE CONSTITUTION SOCIETY, INC.

Principal Place of Business

11122 137TH STREET NORTH
LARGO FL 33774-4135

Mailing Address

11122 137TH STREET NORTH
LARGO FL 33774-4135

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

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRIOLO, JOSEPH
15107 MADERIA WAY
MADERIA BEACH FL 33708

7. Name and Address of New Registered Agent

Name THOMAS R. McKEON
Street Address (P.O. Box Number is Not Acceptable)
11122 137 ST N.
City LARGO FL Zip Code 33774

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

THOMAS R. McKEON

(NOTE: Registered Agent signature required when re-registering)

4/28/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D LEAVENS, JOHN 2358 SHADE TREE LANE CLEARWATER FL 33759-1332	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLIN, LARRY 132 LINDSAY LANE OLDSMAR FL 34877	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOU, MAY WONG POST OFFICE BOX 2245 -N/A- ST. PETERSBURG FL 33731-2245	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P McKEON, THOMAS R 11122 137TH STREET, NORTH LARGO FL 33774-4135	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLMES, CURTIS 2198 KENT AVENUE CLEARWATER FL 33764	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRIOLO, JOSEPH 8388 HAMPTON DRIVE, NORTH ST. PETERSBURG FL 33710	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

THOMAS R. McKEON, Pres.

4/28/01 596-5567

Daytime Phone

FILED
Jul 10, 2001 8:00 am
Secretary of State

05-14-2001 90194 020 ****61.25

75006



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)