

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90059 007 \*\*\*150.00

**DOCUMENT # P97000033900**

1. Entity Name

**C.Q. PORT RICHEY PROPERTY, INC.**

Principal Place of Business

**1560 GULF BLVD #3 405  
 CLEARWATER FL 33767-2900  
 US**

Mailing Address

**1560 GULF BLVD #3 405  
 CLEARWATER FL 33767-2900  
 US**

**726394**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9205 COMMERCIAL WAY**  
 Suite, Apt. #, etc.

3. Mailing Address

**9205 COMMERCIAL WAY**  
 Suite, Apt. #, etc.

City & State

**WEEKI WACHEE, FL**

City & State

**WEEKI WACHEE, FL**

Zip

**34613**

Country

**USA**

Zip

**34613**

Country

**USA**

4. FEI Number

**59-3443034**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CERAULO, CARMEL A  
 1560 GULF BLVD #3-405  
 CLEARWATER FL 33767-2900**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**9205 COMMERCIAL WAY**

City

**WEEKI WACHEE**

**FL**

Zip Code

**34613**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **CERAULO, CARMEL A**  
 STREET ADDRESS **1560 GULF BLVD #3-405**  
 CITY-ST-ZIP **CLEARWATER FL 33767-2900**

TITLE **D** ☐ Delete  
 NAME **QUINN, JOHN H**  
 STREET ADDRESS **P.O. BOX 941539 N/A**  
 CITY-ST-ZIP **MAITLAND FL 32794-1539**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **9205 COMMERCIAL WAY**  
 CITY-ST-ZIP **WEEKI WACHEE, FL 34613**

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Carmel A Ceraulo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**352-592-5926**

**CARMEL A CERAULO**

0526736

CR2E034 (10/00)