

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098335

1. Entity Name

MODERN BUSINESS ASSOCIATES III, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90046 023 ***150.00

Principal Place of Business

101 PHILIPPE PKWY. STE. 305
SAFETY HARBOR FL 34695

Mailing Address

101 PHILIPPE PKWY. STE. 305
SAFETY HARBOR FL 34695-3662

2. Principal Place of Business

475 Central Avenue

Suite, Apt. #, etc.
Suite 100

City & State
St. Petersburg, FL

Zip
33701

Country
USA

3. Mailing Address

475 Central Avenue

Suite, Apt. #, etc.
Suite 100

City & State
St. Petersburg, FL

Zip
33701

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0806204

Applied For

Not Applicable

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

CURCIO, AUGUST R
101 PHILIPPE PKWY. STE. 305
SAFETY HARBOR FL 34695

Name
August R. Curcio

Street Address (P.O. Box Number is Not Acceptable)
475 Central Avenue Suite 100

City
St. Petersburg, FL Zip Code
33701

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)

4/11/00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Delete
NAME	MASCARA, ERNEST L	
STREET ADDRESS	877 EXECUTIVE CTR DR W STE 303	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LETTELEIR, MARK	
STREET ADDRESS	101 PHILIPPE PKWY. STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICE, JACK S SR.	
STREET ADDRESS	101 PHILIPPE PKWY. STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RICE, JACK S JR.	
STREET ADDRESS	101 PHILIPPE PKWY. STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	CURCIO, AUGUST R	
STREET ADDRESS	101 PHILIPPE PKWY. STE. 305	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, SUSAN	
STREET ADDRESS	101 PHILIPPE PKWY	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mascara, Ernest	
STREET ADDRESS	877 Executive CTR DR W STE 303	
CITY-ST-ZIP	St. Petersburg, FL 33702	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lettelleir, Mark	
STREET ADDRESS	475 Central Ave. Suite 100	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rice, Jack S SR.	
STREET ADDRESS	475 Central Ave. Suite 100	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rice, Jack S JR.	
STREET ADDRESS	475 Central Ave. Suite 100	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curcio, August R.	
STREET ADDRESS	475 Central Ave. Suite 100	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ward, Susan	
STREET ADDRESS	475 Central Ave. Suite 100	
CITY-ST-ZIP	St. Petersburg, FL 33701	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00
Date

727-894-4622
Daytime Phone #

CR2E034 (9/99)