

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000002006

1. Entity Name

MODERN BUSINESS ASSOCIATES IV, INC.

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

04-21-2000 90046 022 ***150.00

Principal Place of Business

101 PHILIPPE PARKWAY
SUITE 305
SAFETY HARBOR FL 34695

Mailing Address

101 PHILIPPE PARKWAY
SUITE 305
SAFETY HARBOR FL 34695-3662

2. Principal Place of Business

475 Central Avenue

3. Mailing Address

475 Central Avenue

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip
33701

Country
USA

Zip
33701

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3486529

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 PHILLIP PARKWAY
SUITE 350
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
NAME MASCARA, ERNEST L
STREET ADDRESS 877 EXECUTIVE CENTER DR W, STE 303
CITY-ST-ZIP ST PETERSBURG FL 33702

TITLE VSD
NAME Mascara, Ernest
STREET ADDRESS 877 Executive CTR DR W STE 303
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE DCEO
NAME CURCIO, AUGUST R
STREET ADDRESS 101 PHILIPPE PKWY
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE DCEO
NAME Curcio, August R.
STREET ADDRESS 475 Central Ave. Suite 100
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE VD
NAME RICE, SR., JACK S
STREET ADDRESS 101 PHILLIP PARKWAY, STE. 305
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VD
NAME Rice, SR., Jack S
STREET ADDRESS 475 Central Ave. Suite 100
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE VD
NAME RICE, JR., JACK S
STREET ADDRESS 101 PHILLIP PARKWAY, STE. 305
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE VD
NAME Rice, JR. Jack S
STREET ADDRESS 475 Central Ave. Suite 100
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE PD
NAME LETTELIER, MARK
STREET ADDRESS 101 PHILLIP PARKWAY, STE. 305
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE PD
NAME Lettelleir, Mark
STREET ADDRESS 475 Central Ave. Suite 100
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE D
NAME WARD, SUSAN
STREET ADDRESS 101 PHILIPPE PKWY
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE D
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)