## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUN  1. Entity Name  MORICO,		28981		,	ļ	May 1' Secre	_	0 8: of St	
Principal Place of Business		Mailing Address				04-20-20	00 90079 02	28 ***15	50.00
1965 WOODFIELD COURT LUTZ FL 33549		1565 WOODFIELD COURT LUTZ FL 33549-8484							
2. Principal Pla	ace of Business	3. Mailing Address							
1811 U. TAMPA ST Suite, Apt. #, etc.		Suite, Apt. #, etc.			-		TE IN THIS SPA	,  <b> 0   1  1</b> CE	} #i
City & State		City & State			4. FEI Number   59 -   Applied For   59 - 359961   Not Applicable				
Zip	Country	Zip	Coun	try	_	Certificate of Status Desired	□ \$8	.75 Addit	
336	5. Name and Address of Current	Registered Agent	<u> </u>		7. N	Name and Address of New F		Required nt	
1565	to, roland Jr. Woodfield Court Fl 33549			Name Street Address (i	P.O. B	lox Number is Not Acceptable	:)		
				City			FL	Zip Code	
8. The above	named entity submits this statement fo	or the purpose of changing it	ts register	ed office or register	ed ag	ent, or both, in the State of Flo	orida.		
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE Registers	d Agent signature required	nedw 1	eiństating)	DATE		
Tax filing requirement and elects to do so After			LE NOW!!! FEE IS \$150.00 MAY 1, 2000 Fee will be \$550.00 ack Payable to Department of St			10. Election Campaign Fi Trust Fund Contribution			May Be to Fees
11.	OFFICERS AND		12.		ΑC	DDITIONS/CHANGES TO OF			
TITLE KAME STREET ADDRESS CITY-ST-ZIP	D MORITO, ROLAND JR. 1565 WOODFIELD COURT LUTZ FL 33549	☐ Delete	• • • • • • • • • • • • • • • • • • • •				L	] Change	Addition
TITLE NAME	101211 00019	☐ Delæte	TITL	E				Change	Addition
STREET ADORESS CITY-ST-ZIP			SIR	EET ADDRESS Y-ST-ZIP					
TITLE NAME		Dèlete Delete	- TITE	1				-Change	- [-] Addition-
STREET ADDRESS CITY-SI-ZIP			STA	EET ADDRESS Y-ST-ZIP					
TITLE NAME		☐ Delete	TITI NA/	l l				_ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				REET ADORESS Y-ST-ZIP					
TITLE NAME		☐ Delete	TIT				Ε	Change	Addition
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS Y-ST-ZIP					
TITLE NAME		☐ Delete	TIT NA	i			Ē	Change	Addition
STREET ADORESS CITY-ST-ZIP			STE	REET ADDRESS Y-ST-ZIP					
indicated of the co	certify that the information supplied widon this report or supplemental report proration or the receiver or trustee emit, or on an attachment with an address	is true and accurate and the powered to execute this repr	at my sign ort as requ	ature shall have the	same	a legal effect as if made unde	r oath: that I am	an officer	or director 1
SIGNAT	TURE: SIGNATURE AND TYPE OF	PRINTED NAME OF SIGNING OFFICE	RED	CTOR		12 APR 2000	(&13)	عراد و time Phone •	541
						- 110			, i