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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State
04-11-2001 90097 002 ****70.00

DOCUMENT # 710601

1. Entity Name

ST. PETERSBURG, FLORIDA CHAPTER OF THE SOCIETY F

Principal Place of Business	Mailing Address
10100 WILSON AVE. SEMINOLE FL 33776 US	10100 WILSON AVE. SEMINOLE FL 33776 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6173077 ☐ 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
LAWSON, RANDY 10100 WILSON AVE SEMINOLE FL 33776	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HEVEL, BRYAN 6347 57TH AVE N ST PETERSBURG FL 33709	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAWSON, RANDY 10100 WILSON AVE SEMINOLE FL 33776	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CLOFLIN, JIM 12410 NE LAKE DR TAMPA FL 33612	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAFF, GONE PO BOX 5168 LARGO FL 33779-5168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GENE, HAFF PO BOX 5168 LARGO, FL 33779-5168 (LAST NAME IS HAFF) ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLOTTERBUCK, FRED W 7927 11TH AVE SO SAINT PETERSBURG FL 33707-2705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOENIG, BOB 5130 BRITTANY DRS #203 ST. PETERSBURG, FL 33715 (LAST NAME IS KOENIG) ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LUBIN, LANCE 6535 8TH AVE N SAINT PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ☐ Change ☐ Addition

CR2E037 (10/00)

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: _____ RANDY LAWSON 01/31/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #