FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 12, 2001 8:00 am Secretary of State **DOCUMENT # 710694** 1. Entity Name 07-12-2001 90117 019 ****61.25 UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG. Principal Place of Business Mailing Address **FLORIDA FLORIDA** 40077083 719 ARLINGTON AVENUE. NORTH 719 ARLINGTON AVENUE, NORTH ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-0895916 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARBARA M. ROWELL Street Address (P.O. Box Number is Not Acceptable) 719 ARLINGTON AVENUE GRAHAM, REV. DEE 719 ARLINGTON AVENUE NORTH ST. PEJERSBURG FL 83701 Zip Code 3370/ 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 7-10-01 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State After September 12, 2001, min. will be \$236.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE 🗶 Delete TITLE 5/01 GREGORY BURTOR RADOSEVICH, RADE NAME NAME 237 IBTH. AVE NE CR2E037 6495 3RD AVE S STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33707 CITY-ST-7IP ST. Petensburg , FL. 33701 CITY-ST-ZIP M Delete **X** Addition TITLE TITLE Change SANDRA WEEKS DEANE, JANET NAME MAME 9209 SEMINULE BLVD. #1777 6289 28TH TERRACE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33710 CITY-ST-ZIE SEMINOLE FL. 3377 Z **X** Delete TITLE ☐ Change **Addition** TITLE LAUREN R. PENHY BOLTON, ALEXANDRA NAME 9209 SEMINOLE BWD, #177 STREET ADDRESS 2615 DESOTO WAY S STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33712 CITY-ST-ZIP SEMINOLE, FLORIDA 🔀 Delete TITLE ☐ Change **Addition** CAIRL LOIS PALEXANDRA BOLTON NAME NAME 265 MATEO WAY, NE STREET ADDRESS DESOTO WAY S. STREET ADDRESS ST PETERSBURG FL 33707 CITY-ST-ZIP CITY-ST-ZIP ST. PETERS burg, FL. 33712 X Delete TITLE Change Addition TITLE CARVILLE DALTON, LISA NAME NAME 4055 SUNRISE DR 504 POINSETTIA RD STREET ADDRESS STREET ADDRESS , FL. 33705 CITY-ST-ZIP BELLAIRE FL CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

727-898-3294 CHURK 727-398-4360 work