2000 UNIFORM BUSINESS REPORT (UBR)

5/2/

FILED
May 30, 2000 8:00 am
Secretary of State
05-02-2000 90094 018 ****61.25

DOCUMENT # 723111

1. Entity Name

ST.PETERSBURG BAR ASSOCIATION INC

Principal Place of Business	Mailing Address
2600 NINTH ST N. #602 P.O. BOX 7538 ST. PETERSBURG FL 33734	2600 NINTH ST N. #602 P.O. BOX 7538 ST. PETERSBURG FL 33734-7538

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 59-1095061

5. Certificate of Status Desired ☐ $8.75 Fee

6. Name and Address of Current Registered Agent

KELLY, DARLENE L
2600 NINTH STREET NORTH
SUITE 602
ST. PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name: Nora Riva Bergman
Street Address (P.O. Box Number is Not Acceptable): 2600 Ninth Street North
Suite 602
City: St. Petersburg **FL** Zip Code: 33704

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] NORA RIVA BERGMAN, EXEC. DIR. APRIL 27, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	SD TUCKER, JOHN V 2101 5TH AVE N ST. PETERSBURG FL 33713	☒ Delete bb	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary D Battaglia, Brian P. 980 Tyrone Blvd. St. Petersburg, FL 33710	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, PAMELA A M 535 CENTRAL AVE STE 403 ST. PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D Ludin, Eric E. 5720 Central Ave. St. Petersburg, FL 33707	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LUDIN, ERIC E 5720 CENTRAL AVE ST. PETERSBURG FL 33707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer D Tucker, John, V. 2101 5th Ave. N. St. Petersburg, FL 33713	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED MASTERSON, THOMAS D 699 FIRST AVE NORTH ST. PETERSBURG FL 33701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect D Young, Doreen S. 200 Central Ave., Suite 1600 St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 4/27/00 (727)896-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #