

2001 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 23, 2001 8:00 am
Secretary of State

05-03-2001 90097 024 *****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1095061

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

This was supposed to be changed last year.

Name Nora Riva Bergman
Street Address (P.O. Box Number is Not Acceptable) same address
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 Nora Riva Bergman NORA RIVA BERGMAN EXECUTIVE DIRECTOR 5/16/01
Signature typed or printed name of registered agent and date if applicable (NOTE: Rev. stored 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, JOHN V 2101 5TH AVE N ST. PETERSBURG FL 33713	☒ Delete
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	TD LUDIN, ERIC E 5720 CENTRAL AVE ST. PETERSBURG FL 33707	☒ Delete
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		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP Brian P. Battaglia 980 Tyrone Blvd, St. Petersburg, FL 33710	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Eric E. Ludin 5720 Central Ave St. Petersburg, FL 33707	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD John V. Tucker 2101 5th Ave. N. St. Petersburg, FL 33713	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED Doreen S. Young 200 Central Ave., STE 1600 St. Petersburg, FL 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

John V. Tucker TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
Date

(727) 323-8886
Daytime Phone #

CR2E037 (10/00)

2000 UNIFORM BUSINESS REPORT (UBR)

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 33734-538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

NORA RIVA BERGMAN, EXEC. DIR.

APRIL 27, 2000

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	SD	☒ Delete
NAME	TUCKER, JOHN V	
STREET ADDRESS	2101 5TH AVE N	
CITY - ST - ZIP	ST. PETERSBURG FL 33713	
TITLE	PD	☒ Delete
NAME	CAMPBELL, PAMELA A M	
STREET ADDRESS	535 CENTRAL AVE STE 403	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE	TD	☒ Delete
NAME	LUDIN, ERIC E	
STREET ADDRESS	5720 CENTRAL AVE	
CITY - ST - ZIP	ST. PETERSBURG FL 33707	
TITLE	PED	☒ Delete
NAME	MASTERSON, THOMAS D	
STREET ADDRESS	699 FIRST AVE NORTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33701	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	Secretary	☐ Change ☒ Addition
NAME	Battaglia, Brian P.	
STREET ADDRESS	980 Tyrone Blvd.	
CITY - ST - ZIP	St. Petersburg, FL 33710	
TITLE	President	☐ Change ☒ Addition
NAME	Ludin, Eric E.	
STREET ADDRESS	5720 Central Ave.	
CITY - ST - ZIP	St. Petersburg, FL 33707	
TITLE	Treasurer	☐ Change ☒ Addition
NAME	Tucker, John V.	
STREET ADDRESS	2101 5th Ave. N.	
CITY - ST - ZIP	St. Petersburg, FL 33713	
TITLE	President-Elect	☐ Change ☒ Addition
NAME	Young, Doreen S.	
STREET ADDRESS	200 Central Ave., Suite 1600	
CITY - ST - ZIP	St. Petersburg, FL 33701	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(727) 886-3641

Daytime Phone #

For your
Info:
This was
chgd. in
the
2000
report



DO NOT WRITE IN THIS AREA

Applied For

Not Applicable

CRP037 (9/99)