200	1 UNIFORM BUS		RT (UB	R)]	May 23	, 2001	8:00 ar
DOCUMENT # 723111					Secretary of Stat			
ST.PE	tersburg bar associatio	N INC		•		05-03-200	1 9009 / 024	****61.25
Principal Pla	ice of Business	Mailing Address						
P.O. BOX 73	ST N. #602 538 BURG FL 33734	2600 NINTH ST N. #602 P.O. BOX 7538 ST. PETERSBURG FL-8373	N		1 488110 198			11. EPRI) ALBIA (BRI
2. Principal	Place of Business	3. Mailing Address						
Suite, Ap	rt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE I	N THIS SPACE	
City & Str	ate	City & State			4. FEI Number	59-1095061	 -	Applied For Not Applicable
Zip	Country -	Zip · · · · ·	Country	<u></u>	5. Certificate of		See Requi	
	6. Name and Address of Current		Name	A /a	D!	odress of New Regi		
	ARLENE L	supposed t	Street	Address (P.C		OBEY s Not Acceptable) PESS	rgman	2
SUITE 60		last vear	-			_ .	₽ Zip Co	
ST PETI	ersburg fl 33704 —	your	City				FL Zip Co	, I
	e named entity submits this statement fo		-					
	e named entity submits this statement fo	MAN NORA MAJER II ASPICADIO. (NOTE:	RIVA L	SERGI	MAN EX	ELUTIVE D	DATE S	1/16/01
8. The above	e named entity submits this statement to	egn NORA	RIVAL Rec stored Agent signs	SERGI	MAN EX	ELUTIVE D	necton 5	lo
8. The above SIGNATURE	signature typed or printed name of registered agent of FILE NOW: FEE IS \$61.25	MORA PALIDA I APPRICADA P. Election Campaign F Trust Fund Contribut RECTORS	RIVAL Rec, stered Agent signal Fin ancing tion.	SERGA ture required whe \$5.00 is Added to	MAY Be Fees	Make Cl Depar	DATE DATE THE CONTROL STATE STA	N 10
8. The above SIGNATURE 10. TITLE NAME	Signatural open or printed name of registered agent of FILE NOW: FEE IS \$61.25	Moral North North (NOTE: 9. Election Campaign F Trust Fund Contribut	RIVAL Rec stered Agent signe Fin ancing tion.	SERGINATION OF THE PROPERTY OF	MAY Be Fees DITIONS/CHAN UN P. B	Make Cl Depar GES TO OFFICERS A attaglia e Blvd,	DATE Theck Payable to trinent of State AND DIRECTORS IN Change	N 10
8. The above SIGNATURE 10. TILE NAME STREET ADDRESS CITY-ST-ZIP	Storeture typed or printed name of registered agent of the state of th	NORA NORA NOTE: P. Election Campaign F Trust Fund Contribut RECTORS Delete	Re, steved Agent signs Fin ancing tion. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 in Added to Brian 980	MAY Be Fees DITIONS/CHAN UN P. B	Make Cl Depar GES TO OFFICERS A altaglia e Blvd,	DATE Check Payable to timent of State AND DIRECTORS IN Change	10 (10,00) CE (23.2) (10,00) CE (23.2) CE (23.
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2000	UNIFORM BUSI	NESS REPOR	RT (UBI	R)	-			
DOCUI	MENT # 723111		ı		- Un	WY		
ST.PETE	RSBURG BAR ASSOCIATION	INC		·	For so		10.5	
Principal Place	e of Business	Mailing Address		·	ング	s w	· h	
2600 NINTH ST P.O. BOX 7538 ST. PETERSBU		2600 NINTH ST N. #602 P.O. BOX 7538 ST. PETERSBURG FL 33734-7	538		The	ga	. 0	
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN TUS	700°C	DOT	-
City & State	9	City & State		- El Numb	59-1095061	Ap'	plied For	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add Fee Required	litional	
	6. Name and Address of Current I	Registered Agent		7. Name and	Address of New Registered	Agent		
SUITE 602	H STREET NORTH		Street A	Nora_Riva_ ddress(PO Box Number 2600 Ninth Suite 602 St. Peters	er is Not Acceptable) Street North	Zip Code 3370	904	
SIGNATURE .	Signature, typed organized name of registereb agent a FILE NOW: FEE IS \$61.25		egistered Agent signati	MAN, EXEC. Dure required when reinstating) \$5.00 May 9 Added to Fees	DATE Make Check Departmen	Payable to	000	
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND D	RECTORS IN	10	_
TITLE NAME STREET ADDRESS	SD TUCKER, JOHN V 2101 5TH AVE N	⊠ Delete	TITLE NAME STREET ADDRESS	Secretary Battaglia, 980 Tyrone	Brian P. Blvd. Burg, FL 3371	☐ Change	Addition S	-037 (9/94
CITY-ST-ZIP TITLE NAME	ST. PETERSBURG FL 33713 PD CAMPBELL, PAMELA A M	☑ Delete	CITY-ST-ZIP TITLE NAME	President Ludin, Eri	<u> </u>	☐ Change	☑ Addition	CR2F037
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indicated of the corr changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an across,	true and accurate and that my	signature shall h	ave the same legal effect	t as if made under oath; that I	am an officer-	or director	
SIGNAT	UHE: SIGNATURE AND TYPED OR PE	INTED NAME OF SIGNING OFFICER OR	DIRECTOR	7/2	Oate (727)	<u> 376~56</u> Daytima Phona #	41	