

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749635

1. Entity Name

THE ST. PETERSBURG JUNIOR COLLEGE DEVELOPMENT FO

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90004 038 ****70.00

Principal Place of Business Mailing Address
P.O.BOX 13489 (ST.PETERSBURG, FL 33733) P.O.BOX 13489 (ST.PETERSBURG, FL 33733)
8580 66TH STREET NORTH 8580 66TH STREET NORTH
PINELLAS PARK FL 33781-1207 PINELLAS PARK FL 33781-1207
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1954362

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

HENNINGER, DAVID
8580 66TH ST. NO.
PINELLAS PARK FL 33781-1207

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

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	SD	<input type="checkbox"/> Delete
NAME	BUCHANAN, JANICE C	
STREET ADDRESS	8580 66TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33781-1207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROTHMAN, THELMA P	
STREET ADDRESS	1018 PARK ST N.	
CITY-ST-ZIP	ST PETERSBERG FL 33710	
TITLE	PE	<input type="checkbox"/> Delete
NAME	LESLIE, HELEN K	
STREET ADDRESS	2304 KINGFISH LANE	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, DIANNA	
STREET ADDRESS	8580 66TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 00000 22781-1207	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SHUCK, ROBERT F	
STREET ADDRESS	880 CARILLON PARKWAY	
CITY-ST-ZIP	ST PETE BEACH FL 33716	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREGORY, THOMAS H	
STREET ADDRESS	6274 18TH ST NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESLIE, HELEN K.	
STREET ADDRESS	2304 KINGFISH LANE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WREN, SYLVIA H.	
STREET ADDRESS	8580 66TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK, FL 33781-1207	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAY, ALFRED T.	
STREET ADDRESS	4893 BACOPA LANE SOUTH #105	
CITY-ST-ZIP	ST. PETERSBURG, FL 33715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janice C. Buchanan* Janice C. Buchanan
SECRETARY/DIRECTOR OF DEVELOPMENT 1/24/2000 (727) 341-3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)