## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # 769275** 1. Entity Name GULF TO BAY CHAPTER, INC. 01-25-2000 90037 044 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O MARY JO OLDHAM C/O MARY JO OLDHAM 1201 CARA DRIVE 1201 CARA DRIVE LARGO FL 33771-1027 LARGO FL 34641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-6205646 Not A: Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) OLDHAM, MARY JO 1201 CARA DR. **LARGO FL 33771** 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, 10. Change TITLE ☐ Delete TITLE BARRETT, HAROLYNN RUSSELL, MARY NAME NAME 1746 BRENTWOOD DR STREET ADDRESS STREET ADDRESS 8891 LEONA ST CLEARWATER FL 33756 CITY-ST-7IP CITY-ST-ZIP SEMINOLE FL 33772 **T** Change TITLE ☐ Delete TITLE FRANCELE LORRAINE NAME BARRETT, HAROLYNN STREET ADDRESS STREET ADDRESS 1746 BRENTWOOD DR TIERRA VERDE FL 33715 CITY-ST-ZIP ~ CITY-ST-ZIP CLEARWATER FL 33756 TITLE ☐ Delete TITLE **⊠**\*Change Addition HURB, MARY JO 9925 COMMODORE DR NAME DAROVEC, VALERIE NAME STREET ADDRESS STREET ADDRESS 1155 - 50TH AVE., N. SEMINOLE, FL 33716 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete TITLE ☐ Change Addition TITLE OLDHAM, MARY J NAME NAME STREET ADDRESS STREET ADDRESS 1201 CARA DR. . . . CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00

727-587-0040

Daytime Phone #

**FILED**