2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # 769275** GULF TO BAY CHAPTER, INC. 01-23-2001 90039 040 ****61 25 Principal Place of Business Mailing Address CYC-MARY JO OLDHAM 10/O-MARY JO OLDHAM 1201-CARA DRIVE 1201 CARA-DRIVE (U & I I I I LARGO-FL-34641 LARGO FL 34641-Principal Place of Business Ken fro DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-6205646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 39782 Fee Required 6. Name and Address of Current Registered Agent: 7.-Name and Address of New Registered Agent-Street Address (P.O. Box Number is Not Acceptable) OLDHAM, MARY JO 1201 CARA DR. **LARGO FL 33771** 30g82 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 **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition NAME BARRETT, HAROLYNN NAME STREET ADDRESS 1746 BRENTWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** TITLE ☐ Delete TITLE Change ☐ Addition NAME FRANCKLE, LORRAINE NAME STREET ADDRESS 108 4TH ST. E. STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP SAINT PETERSBURG FL 33715 TITLE Delete TITLE Change Addition NAME HURD, MARY JO NAME STREET ADDRESS 9925 COMMODORE DR. STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-7IP TITLE 🔽 Delete TITLE Change ☐ Addition OLDHAM, MARY J NAME NAME STREET ADDRESS 1201 CARA DR: STREET ADDRESS CITY-ST-ZIP LARGO FL 33771 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE Change ☐ Addition 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 MINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00

727-540-0267

Daytime Phone #