

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90018 027 ****61.25

DOCUMENT # 769275

1. Entity Name

GULF TO BAY CHAPTER, INC.

Principal Place of Business

C/O BETTY RENFRO
 3489 98TH TERRACE N
 PINELLAS PARK FL 33782
 US

Mailing Address

C/O BETTY RENFRO
 3489 98TH TERRACE N
 PINELLAS PARK FL 33782
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6205646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENFRO, BETTY
3489 98TH TERRACE N
PINELLAS PARK FL 33782

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARRETT, HAROLYN 1746 BRENTWOOD DR CLEARWATER FL 33756	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANCKLE, LORRAINE 108 4TH ST. E. SAINT PETERSBURG FL 33715	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HURD, MARY JO 9925 COMMODORE DR. SEMINOLE FL 33776	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RENFRO, BETTY 3489 98TH TERRACE N PINELLAS PARK FL 33782	☐ 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	PD FRANCKLE, LORRAINE 108 4th St. E. ST. PETERSBURG FL 33715	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hoffman, Beth 1720 Oak Pond Ct. Oldsmar, FL 34677	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kleske, Rosemary 105 S. Neptune Ave. Clearwater, FL 33765	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02

727-540-0867

CR2E037 (9/01)