

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002807
 1. Entity Name
Successes Unlimited Women of Youth
Business Center, Inc. (C) ✓



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55046859

2. Principal Place of Business
1175 Pinellas Pointe Dr. S.
 Suite, Apt. #, etc.
#351

3. Mailing Address
P.O. Box 16464
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL St. Petersburg, FL

4. FEI Number
393610171

Applied For
 Not Applicable

Zip
33705 Country
USA Zip
33733-6464 Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
Dr. Freddie McRae

Street Address (P.O. Box Number is Not Acceptable)
1099 5th Avenue North, Suite 210

City
St. Petersburg 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>CEO</u> <u>Theresa Lassiter</u> <u>1175 Pinellas Pointe Dr. S. #351</u> <u>St. Petersburg, FL 33705</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President D</u> <u>Faith Van D</u> <u>2019 Anastasia Way South</u> <u>St. Petersburg, FL 33712</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>VP - Secretary D</u> <u>Valerie Johnson</u> <u>3650 41st Way South, Unit E</u> <u>St. Petersburg, FL 33711</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Treasurer D</u> <u>Gregory Duckett</u> <u>1500 Alhambra Way So.</u> <u>St. Petersburg, FL 33712</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Board Member D</u> <u>Adelle Vaughn - Jemison</u> <u>335 Madison St. So.</u> <u>St. Petersburg, FL 33711</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Board Member D</u> <u>Bruce Severino</u> <u>335 31st Street South</u> <u>St. Petersburg, FL 33711</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Theresa Lassiter, CEO 04-24-03 (727) 906-4887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)