

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90035 034 ****61.25

DOCUMENT # N35303

1. Entity Name

CENTRAL OAK PARK NEIGHBORHOOD ASSOCIATION OF ST. PETERSBURG, INCORPORATED

Principal Place of Business

Mailing Address

**4505 5TH AVENUE NORTH
 ST. PETERSBURG FL 33713
 US**

**P O BOX 12702
 ST PETERSBURG FL 33733
 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

59-2989110

Applied For

Not Applicable

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

**LONGSTRETH, BRIAN
 4505 5TH AVENUE NORTH
 SAINT PETERSBURG FL 33713**

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 **P** ☐ Delete
 NAME **LONGSTRETH, BRIAN W**
 STREET ADDRESS **4505 5TH AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☒ Delete
 NAME **JONES, TORREE**
 STREET ADDRESS **4539 5TH AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **S** ☐ Change ☒ Addition
 NAME **KEN GARLIPP**
 STREET ADDRESS **401 48TH ST. N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **S** ☐ Delete
 NAME **KADAN, MARIA**
 STREET ADDRESS **45TH STREET NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **V** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☒ Delete
 NAME **FOX, LYNN**
 STREET ADDRESS **4550 2ND AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE **T** ☐ Change ☒ Addition
 NAME **PAT ALLUNS**
 STREET ADDRESS **4063 2ND AVE N**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **D** ☒ Delete
 NAME **PHILLIPS, LINDA Y**
 STREET ADDRESS **4837 ELEVENTH AVENUE NORTH**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **WALKUP, JERRY**
 STREET ADDRESS **4648 THIRD AVE S.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33711**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)