

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93660 046 ****70.00

DOCUMENT # N38831

1. Entity Name

James B. Sanderlin Family Center ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2335 22 Avenue South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

St. Petersburg FL

4. FEI Number

593024059

Applied For

Not Applicable

Zip

Country

33712

USA

Zip

Country

33712

USA

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

James B. Sanderlin Family Center

Street Address (P.O. Box Number is Not Acceptable)

2335 22 Avenue South

City

St. Petersburg

FL

Zip Code

33712

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

5/15/02

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
Director	Lounell Britt	3525 27 Avenue South	St. Petersburg, FL 33712				
President	Raymond Sanderlin Jr	2709 17 Street South	St. Petersburg, FL 33712				
1st Vice President	Dranna King	2343 6 Avenue North	St. Petersburg, FL 33713				
2nd Vice President	Raymond Sanderlin Sr	2824 46 Avenue South	St. Petersburg, FL 33712				
Secretary	Gwen Sanderlin	2709 19 Street South	St. Petersburg, FL 33712				
Treasurer	Gerald Sunevicius	4817 9 Street South	St. Petersburg, FL 33705				

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/02

Date

(727) 864-4301

Daytime Phone #

CR2E037B (12/01)