

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90043 032 ****61.25

DOCUMENT # N41801

1. Entity Name

YOUNG MOTHER'S LEAGUE OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

~~1001 79TH ST S~~
~~ST. PETERSBURG FL 33707~~
~~US~~

1073 79th Street South
St Petersburg, FL
33707

P. O. BOX 7415
 ST PETERSBURG FL 33734-7415
 US

043109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1073 79th Street South

P.O. Box 7415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip **33707**

Country **USA**

Zip **33734**

Country **USA**

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

PFIZENMAIR, SONIA
856 BEACH DR NE
SAINT PETERSBURG FL 33704

Name **Beth Linden Berg**
 Street Address (P.O. Box Number is Not Acceptable) **1630 14th Street North**
St Petersburg, FL
 City **St Petersburg** FL Zip Code **33704**

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 *Eugene D. Zunderkey*

3-11-00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	PFIZENMAIR, SONIA	
STREET ADDRESS	856 BEACH DR NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LINDENBERG, BETH	
STREET ADDRESS	1630 14TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, JOANNE	
STREET ADDRESS	1091 79TH ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CONLEY, ANDREA	
STREET ADDRESS	2210 12TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beth Linden Berg	
STREET ADDRESS	1630 14th Street North	
CITY-ST-ZIP	St Petersburg, FL 33704	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SONIA PFIZENMAIR	
STREET ADDRESS	856 BEACH DRIVE NE	
CITY-ST-ZIP	St Petersburg, FL 33704	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOANNE SIMMONS	
STREET ADDRESS	1073 79th Street South	
CITY-ST-ZIP	St Petersburg, FL 33707	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Connie Rhodes	
STREET ADDRESS	1234 13th Street North	
CITY-ST-ZIP	St Petersburg, FL 33703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eugene D. Zunderkey*

3-11-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)