

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90496 045 ****61.25

DOCUMENT # N41801

1. Entity Name

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

Principal Place of Business

Mailing Address

1073- 79TH ST S.
 ST. PETERSBURG FL 33707
 US

P. O. BOX 7415
 ST PETERSBURG FL 33734
 US

C0033356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4215 32ND AVE N

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

33713

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

LINDBERG, BETH
1630 14TH ST. N.
SAINT PETERSBURG FL 33704

Name **PAMELA ARBISI**
 Street Address (P.O. Box Number is Not Acceptable) **2007 MASSACHUSETTS AVE NE**
 City **ST PETERSBURG** FL Zip Code **33703**

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

Pamela Arbisi

Pamela Arbisi

3-11-2001

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 **DV** Delete
 NAME **PFIZENMAIR, SONIA**
 STREET ADDRESS **856 BEACH DR NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **NIKKI MCQUEEN** Change Addition
 NAME **NIKKI MCQUEEN**
 STREET ADDRESS **930 40th Ave North**
 CITY-ST-ZIP **St Petersburg, FL 33703**

TITLE **DP** Delete
 NAME **LINDENBERG, BETH**
 STREET ADDRESS **1630 14TH ST N**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE **PAMELA ARBISI** Change Addition
 NAME **PAMELA ARBISI**
 STREET ADDRESS **2007 MASSACHUSETTS AVE NE**
 CITY-ST-ZIP **St Petersburg, FL 33703**

TITLE **PT** Delete
 NAME **SIMMONS, JOANNE**
 STREET ADDRESS **1091 79TH ST S**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33707**

TITLE **THERESA MATHAIR** Change Addition
 NAME **THERESA MATHAIR**
 STREET ADDRESS **4215 32ND AVE N**
 CITY-ST-ZIP **ST PETERSBURG, FL 33713**

TITLE **DS** Delete
 NAME **RHODES, CONNIE**
 STREET ADDRESS **1234 13TH ST N.**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **Beth Lindenberg** Change Addition
 NAME **Beth Lindenberg**
 STREET ADDRESS **1630 14th St. N**
 CITY-ST-ZIP **St Petersburg, FL 33704**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Joanna Simmons

3/11/01

(927) 381-2343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)