

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003579**

1. Entity Name

THE OLD SOUTHEAST NEIGHBORHOOD ASSOCIATION, INC.**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90051 049 ****61.25

915151

DO NOT WRITE IN THIS SPACE

Principal Place of Business 115 18TH AVE. S.E. ST PETERSBURG FL 33705 US		Mailing Address 115 18TH AVE. S.E. ST PETERSBURG FL 33705 US	
2. Principal Place of Business 216 21 ST AVE S.E. Suite, Apt. #, etc.		3. Mailing Address 216 21 ST AVE S.E. Suite, Apt. #, etc.	
City & State ST PETERSBURG FL		City & State ST PETERSBURG FL	
Zip 33705		Country US	
4. FEI Number 59-3256967		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75* Additional Fee Required	
6. Name and Address of Current Registered Agent BARTLETT, DONALD A 115 18TH AVE. S.E. ST PETERSBURG FL 33705		7. Name and Address of New Registered Agent Name TOM FUNARI Street Address (P.O. Box Number is Not Acceptable) 216 21 ST AVE S.E. City ST PETERSBURG FL Zip Code 33705	
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 <i>[Signature]</i> TW FUNARI PRESIDENT 1/5/01 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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLETT, DONALD A 115 18TH AVE. S.E. ST. PETERSBURG FL 33705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PD TOM FUNARI 216 21 ST AVE SE ST PETERSBURG FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, SHARON 1635 BEACH DR SE SAINT PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SD DAVE SHAFER 165 19TH AVE SE ST PETERSBURG FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTSON, MARLENE 101 17TH AVE S SAINT PETERSBURG FL 33701 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER TD CATHY LASKY 255 20TH AVE SE ST PETERSBURG FL 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HITCHCOCK, RICHARD 126 16TH AVE S SAINT PETERSBURG FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/5/01 (727) 823-9715 Date Daytime Phone #	