

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 10, 2003 8:00 am
Secretary of State

07-10-2003 90121 011 ****61.25

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DOCUMENT # N95000005294

1. Entity Name
HISTORIC ROSER PARK NEIGHBORHOOD ASSOCIATION, IN C.

Principal Place of Business: **691 10TH AVE S, ST. PETERSBURG FL 33701**
Mailing Address: **691 10TH AVE S, ST. PETERSBURG FL 33701**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number **NOT APPLICABLE** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WARREN, KAI
691 10TH AVE SO
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____



CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: V NAME: MOTYKA, RON STREET ADDRESS: 660 ROSER PARK DR S CITY-ST-ZIP: ST. PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: MOTYKA, RON STREET ADDRESS: 660 ROSER PARK DR S CITY-ST-ZIP: ST PETERSBURG FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: WARREN, KAI STREET ADDRESS: 691 10TH AVE S CITY-ST-ZIP: ST PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE: V NAME: BRUCE BROUILLETTE STREET ADDRESS: 903 PROSPECT CT. S CITY-ST-ZIP: ST. PETE. FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KELLY, CHRIS STREET ADDRESS: 909 PROSPECT CT CITY-ST-ZIP: ST. PETERSBURG FL 33701	<input type="checkbox"/> Delete	TITLE: S NAME: JANE SHAW STREET ADDRESS: 864 8th Ave. So CITY-ST-ZIP: ST. PETE FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: GIEBNER, RICHARD STREET ADDRESS: 534 ROSER PARK DR CITY-ST-ZIP: SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: GIEBNER, RICHARD STREET ADDRESS: 534 ROSER PARK DR CITY-ST-ZIP: ST. PETE. FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: FIRN, KAY STREET ADDRESS: 834 9TH AVE S CITY-ST-ZIP: SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: TOM BARRETT STREET ADDRESS: 609 11th Ave. So CITY-ST-ZIP: ST. PETE. FL 33701	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BAUGH, MICHAEL STREET ADDRESS: 878 10TH AVE SO CITY-ST-ZIP: SAINT PETERSBURG FL 33701	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: TREY McDONALD STREET ADDRESS: 822 8th Ave. So CITY-ST-ZIP: ST. PETE. FL	<input type="checkbox"/> Change <input checked="" 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: SIGNATURE OF REGISTERED AGENT Date: 7/8/03 Daytime Phone #: 727-821-9609

CR2E037 (4/03)