

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90085 009 *****61.25

DOCUMENT # N42175

1. Entity Name

UNITARIAN UNIVERSALIST UNITED FELLOWSHIP, INC.

Principal Place of Business

5721 CENTRAL AVE
 ST PETERSBURG BEACH FL 33710
 US

Mailing Address

% MICHAEL S. DAVIS
 746 69TH AVE S
 ST. PETERSBURG FL 33705
 US

2. Principal Place of Business

3. Mailing Address

P O Box 40311

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG, FL

Zip

Country

Zip

Country

33748

US

4. FEI Number

59-3070063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, MICHAEL S.
 746 69TH AVE. SOUTH
 ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

EVANS, MARGARET D
 Street Address (P.O. Box Number is Not Acceptable)
7326 4 AVE N

City

ST PETERSBURG

FL

Zip Code

33710

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

**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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, IRENE	
STREET ADDRESS	1000-49TH ST N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EVANS, MARGARET	
STREET ADDRESS	7326 4TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINER, LEON	
STREET ADDRESS	6075 SHORE BLVD #301	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARPER, JEFFREY	
STREET ADDRESS	330 73RD ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FOLEY, THOM	
STREET ADDRESS	9160 54 ST NO	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, JEAN	
STREET ADDRESS	6412 FAIRWAY BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDASH, GLIZABETH	
STREET ADDRESS	3820 GULF BLVD	
CITY-ST-ZIP	ST PETE BEACH, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARPER, FRANCES	
STREET ADDRESS	330 73rd ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 33710	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/01 (727) 349-4266

CR2E037 (10/00)