

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90238 033 ****61.25

DOCUMENT # 710694

1. Entity Name

**UNITARIAN-UNIVERSALIST CHURCH OF ST. PETERSBURG,
FLORIDA**



Principal Place of Business

**FLORIDA
719 ARLINGTON AVENUE, NORTH
ST. PETERSBURG FL 33701**

Mailing Address

**FLORIDA
719 ARLINGTON AVENUE, NORTH
ST. PETERSBURG FL 33701**

20007768



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0895916**

Applied For

Not Applicable

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

**ROWELL, BARBARA M
719 ARLINGTON AVENUE NORTH
ST. PETERSBURG FL 33701**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**P
BURTON, GREGORY
237 13TH AVENUE NE
SAINT PETERSBURG FL 33701**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**V
WEEKS, SANDRA
9209 SEMINOLE BLVD #177
SEMINOLE FL 33772**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**T
PENNY, LAUREN R
9209 SEMINOLE BLVD #177
SEMINOLE FL 33772**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
BOLTON, ALEXANDRA
2615 DESOTO WAY SOUTH
SAINT PETERSBURG FL 33712**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**D
CARVILLE, SALLY
4055 SUNRISE DR
SAINT PETERSBURG FL 33705**

☐ Delete

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CITY-STATE-ZIP

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CR2E037 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAUREN R. PENNY

1-12-03

399-1733