

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703007

1. Entity Name

THIRD CHURCH OF CHRIST, SCIENTIST, ST. PETERSBURG

Principal Place of Business

6333 1ST STREET NE
ST PETERSBURG FL 33702
US

Mailing Address

6333 1ST STREET NE
ST PETERSBURG FL 33702-7601
US

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

59-1006528

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

WOODROW, KATHERINE
2238 GLENMOOR RD N
CLEARWATER FL 33764

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME HOLLY, FRANK
STREET ADDRESS 190-112 AVE NO #1122
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME KAYE, EVELYN V.
STREET ADDRESS 5222 4TH STREET NORTH, LOT 828
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME CLERK
STREET ADDRESS KAYE, EVELYN V.
CITY-ST-ZIP 430 BAY STREET N.E. #212

TITLE ☐ Delete
NAME WOODROW, KATHERINE
STREET ADDRESS 2238 GLENMOOR RD N
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ST. PETERSBURG, FL. 33701
CITY-ST-ZIP

TITLE ☐ Delete
NAME RISTINE, ALICE
STREET ADDRESS 4715 BAY ST N.E. #128
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME FRANK, CHRISTOPHER
STREET ADDRESS 540 - 36th Ave. N.
CITY-ST-ZIP ST. PETERSBURG, FL. ##8)S

TITLE ☐ Change ☒ Addition
NAME Frink, Christopher
STREET ADDRESS 540 36th Avenue N.
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE ☒ Delete
NAME UNDERWOOD, MARGARET
STREET ADDRESS 430 BAY ST. N.E. #409
CITY-ST-ZIP ST. PETERSBURG, FL. 33701

TITLE ☐ Change ☒ Addition
NAME Underwood, Margaret
STREET ADDRESS 430 Bay St. N.E. #409
CITY-ST-ZIP St. Petersburg, FL 33701

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: Katherine Woodrow 1-12-2000 813-282-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)