

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705483

1. Entity Name

HIGH NOON OPTIMIST CLUB OF ST. PETERSBURG, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90029 042 ****61.25

Principal Place of Business

Mailing Address

~~678 64TH AVE SO~~
~~ST. PETERSBURG FL 33705~~

~~678 64TH AVE SO~~
ST. PETERSBURG FL 33705-3520

2. Principal Place of Business

14900-GULF BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

407

Suite, Apt. #, etc.

City & State

MADEIRA Bch. FL.

City & State

4. FEI Number

59-6166679

Applied For

Not Applicable

Zip

33708

Country

PINELLAS

Zip

Country

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

STINSON, WILLIAMS A

678 64TH AVE SO

ST. PETERSBURG FL 33705

Name

JAMES C. RIDINGS

Street Address (P.O. Box Number is Not Acceptable)

14900 GULF BLVD.

#407

City

MADEIRA Bch

FL

Zip Code

33708

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

James C. Ridings JAMES C. RIDINGS

2-3-2000

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 FREE, LAWRENCE R
STREET ADDRESS 500 TYRONE BLVD N
CITY-ST-ZIP ST PETERSBURG, FL 00000

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

TITLE ☒ Delete
NAME STINSON, WILLIAM A
STREET ADDRESS 678 64TH AVE SO
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☒ Change ☒ Addition
NAME BEL. KORTH TBM M.
STREET ADDRESS 7328 PARKSIDE VILLAS DR. No
CITY-ST-ZIP St. PETERSBURG, FL. 33709

TITLE ☐ Delete
NAME FRYE, LARRY
STREET ADDRESS 1226 76TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

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

TITLE ☒ Delete
NAME P P/T RIDINGS, JAMES C
STREET ADDRESS 14900 GULF BLVD 407
CITY-ST-ZIP SOUTH PASADENA FL MADEIRA, Bch. FL. 33708

TITLE ☒ Change ☐ Addition
NAME (PRE. / PAST PRES.) RIDINGS JAMES C.
STREET ADDRESS 14900 GULF BLVD. #407
CITY-ST-ZIP MADEIRA Bch. FL. 33708

TITLE ☒ Delete
NAME TUCKER, JOHN V.
STREET ADDRESS 2101 5TH AVENUE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☒ Addition
NAME D. ALDERMAN DAN E.
STREET ADDRESS 704-23rd St. S.W.
CITY-ST-ZIP LARGO, FL. 33770

TITLE ☒ Delete
NAME KAILING, DAVID A
STREET ADDRESS 2415 PELHAM RD
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
NAME D. KAILING DAVID A.
STREET ADDRESS 1705 ANGLERS COURT
CITY-ST-ZIP SAFETY HARBOR, FL. 34695

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:

James C. Ridings JAMES C. RIDINGS

Date

1-31-2000

Daytime Phone #

727-398-7369