

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705483

1. Entity Name

HIGH NOON OPTIMIST CLUB OF ST. PETERSBURG, INC.

**FILED**  
Jan 25, 2001 8:00 am  
Secretary of State

01-25-2001 90246 007 \*\*\*\*61.25

Principal Place of Business

14900 GULF BLVD  
#407  
MADEIRA BCH FL 33708

Mailing Address

14900 GULF BLVD  
#407  
MADEIRA BCH FL 33708

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

59-6166679

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

RIDINGS, JAMES C  
14900 GULF BLVD  
#407  
MADEIRA BCH FL 33708

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 **D** ☐ Delete  
NAME **FREE, LAWRENCE R**  
STREET ADDRESS **500 TYRONE BLVD N**  
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **D** ☐ Change ☒ Addition  
NAME **Ridings JANE E**  
STREET ADDRESS **14900 - GULF BLVD. #407**  
CITY-ST-ZIP **MADEIRA Bch. FL 33708**

TITLE **S** ☒ Delete  
NAME **KORTH, TOMM**  
STREET ADDRESS **7328 PARKSIDE VILLAS DR N**  
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **S/T** ☒ Change ☐ Addition  
NAME **Ridings, JAMES C**  
STREET ADDRESS **14900 GULF BLVD. #407**  
CITY-ST-ZIP **MADEIRA Bch. FL. 33708**

TITLE **D** ☐ 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 **TAP** ☒ Delete  
NAME **RIDINGS, JAMES C**  
STREET ADDRESS **14900 GULF BLVD #407**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE **P** ☒ Change ☒ Addition  
NAME **ACKER Robert E.**  
STREET ADDRESS **3012 51st St. So.**  
CITY-ST-ZIP **GULFPORT, FL 33707**

TITLE **D** ☒ Delete  
NAME **ALDERMAN, DAN E**  
STREET ADDRESS **704 23R ST SW**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **D** ☒ Change ☒ Addition  
NAME **MARSHA ALDERMAN**  
STREET ADDRESS **704-23rd St. SW.**  
CITY-ST-ZIP **LARGO, FL 33770**

TITLE **D** ☐ Delete  
NAME **KAILING, DAVID A**  
STREET ADDRESS **1705 ANGLERS CT**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01

Date

(727) 398-7369  
Daytime Phone #

CR2E037 (10/00)