2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am secretary of State DOCUMENT # **705483** 1. Entity Name 02-26-2002 90163 018 ****61.25 MIGH NOON OPTIMIST CLUB OF ST. PETERSBURG, INC. Principal Place of Business Mailing Address (4900 GULF BLVD 14900 GULF BLVD #407 #407 MADEIRA BCH FL 33708 MADEIRA BCH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-6166679 Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired _ . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RIDINGS, JAMES C 14900 GULF BLVD #407 City Zip Code MADEIRA BCH FL 33708 Fl 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VICE PRESIDENT & PRESIDENT TITLE Addition ☐ Delete TITLE E. GARDNER HARSHMAN RIDINGS, JANE E NAME 3558 10014 TER. No STREET ADDRESS 14900 GULF BLVD. #407 STREET ADDRESS PINELLA PARK FL 33782-4100 CITY-ST-ZIP MADEIRA BEACH FL 33708 CITY-ST-ZIP **卧** PIRECTOR 1MA VICE PRESIDENT ☐ Change TITLE ☐ Delete TITLE Addition RICHARD S COTTRELL RIDINGS, JAMES C NAME NAME 9916-547 AVE.NO. STREET ADDRESS 14900 GULF BLVD. #407 STREET ADDRESS St. PETERS GURY, FL. 33708 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33708 SEC. TREAS. Delete TITLE TITLE ☐ Change Addition BILL STINSON NAME frye, larry NAME 678-64 th AUE! So. STREET ADDRESS 1226 76TH STREET NORTH STREET ADDRESS St. PETERSburg, FL 33705 CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP DIRECTOR Z Delete TITLE TITLE Change Addition Red HEARd ACKER, ROBERT 14900 GULF BLVd. #105 NAME NAME 3012 51ST ST. SO. STREET ADDRESS STREET ADDRESS MAdeira Bch. FL. 33708 CITY-ST-7IP SAINT PETERSBURG FL 33707 CITY-ST-ZIP FRANCES RUMORE TITLE Delete TITLE Change Addition ALDERMAN, MARSHA NAME NAME 3012-515+ St. So 704-23R ST. SW STREET ADDRESS STREET ADDRESS GULFPORT, FL. 33707 CITY-ST-ZIP LARGO FL 33770 CITY-ST-ZIP DIRECTOR TITLE ☐ Delete TITLE Change **Addition** DR. LARRY FREE 500 TYRONE BLYD KAILING, DAVID A NAME NAME 1705 ANGLERS CT STREET ADDRESS STREET ADDRESS St. PETERSburg, FL.33710-0500 CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695

12. (Thereby 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:

727-398-7369

FILED