

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90221 019 ****61.25

DOCUMENT # 705483

1. Entity Name

HIGH NOON OPTIMIST CLUB OF ST. PETERSBURG, INC.



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

392 BOCA CIEGA PT. BLVD No.

3. Mailing Address

392 BOCA CIEGA PT. BLVD No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES.

City & State

MADEIRA BEACH, FL

City & State

MADEIRA BEACH, FL

4. FEI Number **59-6166679**

Applied For

Not Applicable

Zip

33708

Country

PINELLAS

Zip

33708

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **JAMES C. RIDINGS**

Street Address (P.O. Box Number is Not Acceptable)
392 BOCA CIEGA PT. BLVD No.

City **MADEIRA BEACH** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James C. Ridings**
JAMES C. RIDINGS

(NOTE: Registered Agent signature required when reinstating)

1-17-03

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RIDINGS, JANE E	
STREET ADDRESS	14900 GULF BLVD. #407	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIDINGS, JAMES C	
STREET ADDRESS	14900 GULF BLVD. #407	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	STINSON, BILL	
STREET ADDRESS	678 64TH AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEARD, RED	
STREET ADDRESS	14900 GULF BLVD #105	
CITY-ST-ZIP	MADEIRA BCH FL 33708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALDERMAN, MARSHA	
STREET ADDRESS	704 23R ST SW	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAILING, DAVID A	
STREET ADDRESS	1705 ANGLERS CT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDINGS, JANE E	
STREET ADDRESS	392-BOCA CIEGA PT. BLVD No	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIDINGS, JAMES C	
STREET ADDRESS	392 BOCA CIEGA PT. BLVD No.	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARSHMAN GARDNER E.	
STREET ADDRESS	3558-100TH TER. No.	
CITY-ST-ZIP	PINELLAS PARK, FL. 33782-4100	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEDUC KENNETH C	
STREET ADDRESS	247-126TH AVE. E	
CITY-ST-ZIP	TREASURE ISLAND FL. 33706-4420	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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** **JAMES C. Ridings** **1-17-03** **727-398-7369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)