

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705498

1. Entity Name

THE SCIENCE CENTER GUILD, INC.

Principal Place of Business

7701 22ND AVENUE NORTH
ST PETERSBURG FL 33710

Mailing Address

7701 22ND AVENUE NORTH
ST PETERSBURG FL 33710-3853

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

59-0874941

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

GORDON, SUSAN S
7701-22ND AVENUE NORTH
ST. PETERSBURG FL 33710

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

TITLE PD
NAME HARRING, JEANICE
STREET ADDRESS 8250 39TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33710 ☒ Delete

TITLE PD
NAME CUNIFF, JUDY
STREET ADDRESS 13796 MAISEILLES CT
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE TD
NAME ~~SENTERBY~~ DOROTHY Escoffery, Dorothy
STREET ADDRESS 470 3 ST S.
CITY-ST-ZIP ST PETE FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Marcie Moore
STREET ADDRESS 1972 Dolphin Boulevard South
CITY-ST-ZIP St Petersburg, FL 33707 ☐ Change ☒ Addition

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

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

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

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

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

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:

Dorothy Escoffery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dorothy ESCOFFERY, TREASURER

1/24/2000

821-0255

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE