

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707142

1. Entity Name

THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORP

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90072 030 ****61.25

Principal Place of Business

Mailing Address

33 SIXTH ST SOUTH
 ST PETERSBURG FL 33701
 US

33 SIXTH ST SOUTH
 ST PETERSBURG FLA 33701-4143
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0759485

Applied For

Not Applicable

Zip

Country

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

BEIRSTO, MURRAY
 500 23 AVE N.
 ST PETERSBURG FL 33704

Name

Jan Herzik

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

1936 Massachusetts AV NE

City

St. Petersburg

FL

Zip Code

33703

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

Jan E. Herzik

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	BEIRSTO, MURRAY	
STREET ADDRESS	33 SIXTH ST SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOYLE, JULIAN	
STREET ADDRESS	33 SIXTH ST, SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERZIK, JAN	
STREET ADDRESS	33 6 ST S.	
CITY-ST-ZIP	ST PETE FL 33701	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARAMELLO, JANET	
STREET ADDRESS	33 6 ST S.	
CITY-ST-ZIP	ST PETE FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Reddick	
STREET ADDRESS	1217 Shell Isle Blvd NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janette McCurley	
STREET ADDRESS	11650 Capri Circle South, # 207	
CITY-ST-ZIP	Treasure Island, FL 33706	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jan E. Herzik*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.22.00 727-822-1527
 Date Daytime Phone #

CRE037 (9/99)