Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # 707142 1. Entity Name THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORP 04-25-2001 90017 031 ****61.25 Principal Place of Business Mailing Address 33 SIXTH ST SOUTH 33 SIXTH ST SOUTH ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 US 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 59-0759485 Not Applicable Zip Country \$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 Street Address (P.O. Box Number is Not Acceptable) HERZIK, JAN <u>Us ter toril</u> 1936 MASSACHUSETTS AVE NE SAINT PETERSBURG FL 33703 Zip Code etersbur 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE (10/00)Delete TITLE Change Addition Jan Herzik NAME BEAIRSTO, MURRAY NAME 1936 Massachusetts Ave NE STREET ADDRESS 33 SIXTH ST SOUTH STREET ADDRESS CITY-ST-ZIP St. Petersburg, FC ST PETERSBURG FL 33701 CITY-ST-ZIP Delete UPD TITLE TITLE Change DOYLE, JULLIAN NAME NAME College RUSSE 9600 Water ford Court NE STREET ADDRESS 33 SIXTH ST, SOUTH STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33701 CITY-ST-ZIE FL 33767 VPD TITLE TITLE TD Change Addition **`**⊈Delete NAME HERZIK, JAN Janete NAME 11650 eapri Circle) 5. #267 STREET ADDRESS 33 6 ST S. STREET ADDRESS CITY-ST-ZIP **ST PETE FL 33701** CITY-ST-ZIP TL 33706 ી ૧૨૮૩૦૪ જ TITLE TITLE 📐 Delete CDChange Addition. CARAMELLO, JANET NAME NAME Maine Hi STREET ADDRESS 33 6 ST S. STREET ADDRESS 1911 Towa Ave NE CITY-ST-ZIP CITY-ST-ZIE ST PETE FL 33701 Delete TITLE SD TITLE Addition ☐ Change NAME REDDICK, MICHELLE NAME michelle Blad NE STREET ADDRESS 1217 SHELL ISLE BLVD NE STREET ADDRESS 1217 Snell CITY-ST-ZIP SAINT PETERSBURG FL 33704 CITY-ST-ZIP TITLE Delete TITLE NAME MCCURLEY, JANETTE NAME STREET ADDRESS 11650 CAPRI CIRCLE S #207 STREET ADDRESS 1314 CITY-ST-ZIP TREASURE ISLAND FL 33706 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