

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90097 018 ****61.25

DOCUMENT # 707142

1. Entity Name
THE JUNIOR LEAGUE OF ST. PETERSBURG FLA., INCORPORATED

Principal Place of Business Mailing Address
 33 SIXTH ST SOUTH 33 SIXTH ST SOUTH
 ST PETERSBURG FL 33701 ST PETERSBURG FL 33701
 US 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
 Zip Country Zip Country

4. FEI Number Applied For
59-0759485 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUSSO, COLLEEN
4600 WATERFORD COURT NE
SAINT PETERSBURG FL 33703

7. Name and Address of New Registered Agent
 Name: **Georgia Mattern**
 Street Address (P.O. Box Number is Not Acceptable): **421 Shell Isle Blvd. NE**
 City: **St. Petersburg** FL Zip Code: **33704**

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: *Georgia Mattern* DATE: **2/21/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 NAME	PD MERZIK, JAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1936 MASSACHUSETTS AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE NAME	VD RUSSO, COLLEEN	<input type="checkbox"/> Delete
STREET ADDRESS	4600 WATERFORD COURT NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE NAME	TD MCCURLEY, JANETTE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11650 CAPRI CIRCLE S #267	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE NAME	TD MAINELLI, KARI	<input type="checkbox"/> Delete
STREET ADDRESS	1911 IOWA AVE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33703	
TITLE NAME	S REDDICK, MICHELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1217 SHELL ISLE BLVD NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE NAME	AS CURRY, LIZ	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1314 SHELL ISLE BLVD NE #3	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VPD Mattern, Georgia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	421 Shell Isle Blvd. NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE NAME	SD Rightmyer, Carolyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1241 43rd Avenue N	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE NAME	S Adams, Leah	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1191 45th Ave NE	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE NAME	TD Daniels, Suchi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 117	
CITY-ST-ZIP	Terra Ceia, FL 34250	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Kari Mainelli* DATE: **2/21/02** **727-525-4563**

CR2E037 (9/01)