2000 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2000 8:00 am Secretary of State DOCUMENT # 707323 1. Entity Name 01-31-2000 90003 019 ****61.25 ST. PETERSBURG PANHELLENIC ASSOCIATION, INC. Principal Place of Business Mailing Address 745 SUWANNEE COURT NE 745 SUWANNEE COURT NE ST PETERSBURG FL 33702 ST PETERSBURG FL 33702-2758 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-0490067 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name V#0156 1/20/2000 Street Address (P.O. Box Number is Not Acceptable) DONELAN, SANDRA W 745 SUWANNEE COURT NE ST PETERSBURG FL 33702 Zip Code City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 🗬 Defete TITLE TITLE Gail Mac Aulay NAME THOMASON, KRISTEN NAME STREET ADDRESS 10826 CHRISTOPHER CT STREET ADDRESS 556 14th Avenue NE St. Petersburg, FL CITY-ST-ZIF CITY-ST-ZIP LARGO FL ٧D R Delete TITLE Change ☐ Addition TITLE Mary LouiseYoung TRUBY, SALLY NAME NAME STREET ADDRESS STREET ADDRESS 2631 68TH AVE. S. 52nd Avenue NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Change Addition TITLE ☐ Delete TITLE DONELAN, SANDRA NAME STREET ADDRESS STREET ADDRESS 745 SUWANNEE COURT NE CITY-ST-7IP CITY-ST-ZIP ST PETERSBURG FL 33702 Addition Delete TITLE TITLE RAYSOR, VIRGINIA NAME Keron Fitts NAME STREET ADDRESS 5 26th Avenue North Petersburg, FL 33704 STREET ADDRESS 6920 5TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra W. Donelan Jaw. 20, 2000 (727) 577-074

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