

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90233 005 ****61.25

DOCUMENT # 707323

1. Entity Name

ST. PETERSBURG PANHellenic ASSOCIATION, INC.



Principal Place of Business

12200 FOURTH STREET E.
TREASURE ISLAND FL 33706
US

Mailing Address

12200 FOURTH STREET E.
TREASURE ISLAND FL 33706
US

2. Principal Place of Business

4549 14th Way N.E.

3. Mailing Address

4549 14th Way N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33703

Country

USA

Zip

33703

Country

USA

4. FEI Number **59-0490067**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COSGROVE, MALORA M
12200 FOURTH STREET E.
TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name **Pat Lins**
Street Address (P.O. Box Number is Not Acceptable)
4549 14th Way N.E.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/30/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LINS, PAT**
STREET ADDRESS **4549 14TH WAY N.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **VD** ☐ Delete
NAME **FIREBAUGH, CHLOE**
STREET ADDRESS **2062 IOUSA AVENUE N.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **TD** ☐ Delete
NAME **COSGROVE, MALORA**
STREET ADDRESS **12200 FOURTH STREET E.**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **SD** ☐ Delete
NAME **MARINO, VICKI**
STREET ADDRESS **1026 MEADOWLAWN DRIVE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Carol Dewan**
STREET ADDRESS **3200 Bayou Placido Blvd. N.E.**
CITY-ST-ZIP **St. Petersburg, FL 33706**

TITLE ☒ Change ☐ Addition
NAME **Malora Cosgrove**
STREET ADDRESS **12200 4th St. E.**
CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE ☒ Change ☐ Addition
NAME **Pat Lins**
STREET ADDRESS **4549 14th Way N.E.**
CITY-ST-ZIP **St. Petersburg, FL 33706**

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

REQUIRED

4/30/03 363-6558

CR2E037 (10/02)