

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 708757**

1. Entity Name

**LEAGUE TO AID RETARDED CHILDREN, INC.**

Principal Place of Business

**3100 75TH ST NO  
ST. PETERSBURG FL 33710**

Mailing Address

**P.O. BOX 47442  
ST PETERSBURG FLA 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-6175993**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GILLEY, JEANNE  
1722 65TH WAY NORTH  
SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

**LILIAN O. CLASSEN**

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

**8037 ELBOW LANE NO**

City

**ST. PETERSBURG**

FL

Zip Code

**33710**

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

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GILLEY, JEANNE G	
STREET ADDRESS	1722 65 WY N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	CULVER, GAIL	
STREET ADDRESS	2945 68 ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	LINDEN, DENISE	
STREET ADDRESS	8271 27TH AVE NO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	BAUR, CANDICE	
STREET ADDRESS	5511 101 AVE N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WASSON, SANDRA R	
STREET ADDRESS	8381 56TH WAY NO	
CITY-ST-ZIP	PINELLAS PARK FL 33781	

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, CONNIE	
STREET ADDRESS	5870 106 TERR N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*see attached list*

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90054 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0080245

CR2E037 (9/01)

*Attachment*  
*# 708757*  
*728651*

**LEAGUE TO AID RETARDED CHILDREN**  
**OFFICERS FOR THE YEAR 2001-2002**

**PRESIDENT**

DP DENISE LINDEN  
8271 27TH AVENUE NORTH  
ST. PETERSBURG, FL 33710  
727-341-0160

~~PRESIDENT ELECT~~

~~DV CONNIE SUTTON~~  
5870 106<sup>TH</sup> TERRACE NORTH  
PINELLAS PARK, FL 33782  
727-546-0488

**VICE PRESIDENT**

DV CANDICE BAUR  
5511 - 101<sup>ST</sup> AVENUE NORTH  
PINELLAS PARK, FL 33782  
727-546-2515

**RECORDING SECRETARY**

DS CHRISTINE GRUNDMAN  
3006 CANTERBURY LANE  
LARGO, FL 33770  
727-559-9750

**CORRESPONDING SECRETARY**

DS NANCY HEAVEY  
3030 BOCA CIEGA DRIVE NORTH  
ST. PETERSBURG, FL 33710  
~~727-341-1844~~

**TREASURER**

DT LILIAN CLASSEN  
8037 ELBOW LANE NORTH  
ST. PETERSBURG, FL 33710  
727-343-7945