

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #723115

1. Entity Name

LAKEWOOD JR. SPARTANS YOUTH ASSOCIATION, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90005 005 ****70.00

Principal Place of Business

Mailing Address

2001 Country Club Way S
St. Petersburg, FL 33712

P.O. Box 530083
St. Petersburg, FL
33747

2. Principal Place of Business

4801 31st Street South

3. Mailing Address

Suite, Apt. #, etc.

B

City & State

St. Petersburg, FL

City & State

Zip

33712

Country

U.S.A.

Country

4. FEI Number

59-1844501

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XX

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEAY, GREGORY L
6701 22nd ave S
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name
ROBERT C. WOODALL
Street Address (P.O. Box Number is Not Acceptable)
4301 NARVAEZ WAY SOUTH
City
ST. PETERSBURG FL Zip Code
33712

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

Robert C. Woodall, President

4/27/00

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 PD ☒ Delete
NAME SEAY, GREGORY L
STREET ADDRESS 6701 22ND AVE S
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE SD ☐ Delete
NAME TONJUA WILLIAMS
STREET ADDRESS 1701 63RD TERR S
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE VP/D ☐ Delete
NAME TERRY EDWARDS
STREET ADDRESS 2530 GOMEZ WAY S
CITY-ST-ZIP ST. PETERSBURG, FL 33712

TITLE TD ☒ Delete
NAME FAYE MCELROY
STREET ADDRESS 940 ALCAZAR WAY S
CITY-ST-ZIP ST. PETERSBURG, FL 33705

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 PD ☐ Change ☒ Addition
NAME ROBERT C. WOODALL
STREET ADDRESS 4301 NARVAEZ WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33712

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

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

TITLE TD ☐ Change ☒ Addition
NAME CHARLOTTE MATTHEWS
STREET ADDRESS 2756 54th AVE S #99
CITY-ST-ZIP ST. PETERSBURG, FL 33712

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:

Robert C. Woodall

4/27/00

(727) 864-9660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)