

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

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90244 022 \*\*\*\*61.25

**DOCUMENT # 724688**

1. Entity Name  
**FIVE TOWNS OF ST. PETERSBURG, NO. 301, INC.**



Principal Place of Business  
**5660 80TH ST. N  
APT B 308  
ST PETERSBURG FL 33709  
US**

Mailing Address  
**5660 80TH ST. N  
APT B 308  
ST PETERSBURG FL 33709  
US**

**20008079**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1534987**  
 Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERRINGER, JERRY  
5660 80TH ST. N. B 308  
ST PETERSBURG FL 33709**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>HANSEN, WILLIAM</b> <b>7758 FAREHAM CT N</b> <b>ST. PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>BERRINGER, JERRY</b> <b>5660 80TH ST N B 308</b> <b>SAINT PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>CONFER, JOAN</b> <b>5660 80TH ST N C 207</b> <b>SAINT PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CLARK, WILLIAM</b> <b>5660 80TH ST N D106</b> <b>ST. PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DAIGLE, AUGUSTINE</b> <b>5560 80 STREET N A-205</b> <b>SAINT PETERSBURG FL 33709</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>KIRBY, PHILIP</b> <b>5660 80TH ST N A 308</b> <b>SAINT PETERSBURG FL 33709</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES + TREASURER</b> <b>DOROTHY MOREY</b> <b>5660 80th ST. N. B 208</b> <b>ST. PETE FL 33709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>AUGUSTINE DAIGLE</b> <b>5660 80th St. N. A 205</b> <b>St. Pete, Fl. 33709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secy.</b> <b>PATRICIA JACOB</b> <b>5660 80th ST. N. A 307</b> <b>St. Pete, Fl. 33709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARL LARICCIA</b> <b>5660 80th ST. N. D103</b> <b>St. Pete, Fl. 33709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT LOVE</b> <b>5660 80th ST. N. C108</b> <b>ST PETE, FL 33709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROSE BILGER</b> <b>5660 80th ST. N. C105</b> <b>ST PETE FL 33709</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Dorothy Morey **REQUIRED** MOREY 1-13-2003

CR2E037 (10/02)