

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725321

1. Entity Name

ST. PETERSBURG JUNIOR COLLEGE ALUMNI ASSOCIATION

Principal Place of Business

8580 66TH ST N
PINELLAS PARK FL 34665-1207
US

Mailing Address

P.O. BOX 13489
INSTITUTIONAL ADVANCEMENT
ST. PETERSBURG FL 33733-3489
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
33781

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90137 036 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7363905

Applied For

Not Applicable

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

HENNIGER, DAVID
8580 66TH STREET NORTH
PINELLAS PARK FL 34665

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
CONRAD, JANET
11455 118TH PLACE NORTH
LARGO FL 34684 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PICCIONE, MICHELLE
707 E. SHORE DR
OLDSMAR FL 34677 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BURKE, KENNETH P
9609 134TH WAY N
SEMINOLE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CREVELING, HAZEL
6851 15TH AVE. NORTH
ST. PETERSBURG FL 33710 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JERGER, THOMAS J.
7785 66TH STREET N.
PINELLAS PARK FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
BROCK, LAURA K.
12276 106 AVENUE N.
LARGO, FL 33778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NICKSE, WALLACE
7101 128TH STREET N
SEMINOLE FL 34646 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michelle R. Piccione Michelle R. Piccione 3/14/00

CR2E037 (9/99)