

DOCUMENT # 729185

1. Entity Name

NORTHEAST ST. PETERSBURG CHAPTER #1693 OF AMERIC

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90011 039 ****61.25

Principal Place of Business

PICADILLY CAFETERIA
1900 34TH STREET N.
ST PETERSBURG FL 33713
US

Mailing Address

% ROBERT WICKMAN
775 43RD AVENUE N.E.
ST. PETERSBURG FL 33703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7354739

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WICKMANN, ROBERT
775 43RD AVE. N.E.
ST. PETERSBURG FL 33703

Name *Sheasby Barbara*
Street Address (P.O. Box Number is Not Acceptable)

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
NAME WICKMAN, ROBERT
STREET ADDRESS 775 43RD AVE., N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE VPD
NAME LA BOMBARD, ESTELLE
STREET ADDRESS 1848 20TH AVENUE N.
CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Delete

TITLE S
NAME ZEOLI, KATHERINE
STREET ADDRESS 5950 5TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE TD
NAME SHEASBY, BARBARA
STREET ADDRESS 5043 5TH AVENUE N.
CITY-ST-ZIP ST. PETERSBURG FL 33710 ☐ Delete

TITLE LC
NAME SMITH, JOHN
STREET ADDRESS 4748 DOVER ST., N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME *Sheasby Barbara* ☒ Change ☐ Addition
STREET ADDRESS *5043-5th Ave. No.*
CITY-ST-ZIP *St. Petersburg, FL. 33710*

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

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

TITLE TD
NAME *Zeoli, Catherine (Mrs)* ☒ Change ☐ Addition
STREET ADDRESS *5950-5th Ave. No.*
CITY-ST-ZIP *St. Petersburg, FL. 33710*

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

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 #

CR2E037 (10/00)