

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729185

1. Entity Name

NORTHEAST ST. PETERSBURG CHAPTER #1693 OF AMERIC
AN ASSOCIATION OF RETIRED PERSONS, INC.

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~~

Barbara Sheasby
5043-5TH AVE. N.
St. Petersburg, FL 33710

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90103 022 ****61.25



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEASBY, BARBARA
5043-5TH AVE, N.
SAINT PETERSBURG FL 33710

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	DP	<input type="checkbox"/> Delete
NAME	WICKMAN, ROBERT	
STREET ADDRESS	775 43RD AVE., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LA BOMBARD, ESTELLE	
STREET ADDRESS	1848 20TH AVENUE N.	
CITY-ST-ZIP	ST PETERSBURG FL 33710	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZEOLI, KATHERINE	
STREET ADDRESS	5950 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	OP	<input type="checkbox"/> Delete
NAME	SHEASBY, BARBARA	
STREET ADDRESS	5043-5TH AVE, N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	LC	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JOHN	
STREET ADDRESS	4748 DOVER ST., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ZEOLI, CARMEN	
STREET ADDRESS	5950-5TH AVE, N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	La Bombard, Estelle	
STREET ADDRESS	420-79th Terrace N. #	
CITY-ST-ZIP	St. Petersburg, FL 33702	
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:

Barbara Sheasby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVine Phone #

CR2E037 (9/01)