

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90072 008 ****61.25

DOCUMENT # 729185

1. Entity Name
**NORTHEAST ST. PETERSBURG CHAPTER #1693 OF AARP,
INC.**



Principal Place of Business
**PICADILLY CAFETERIA
1900 34TH STREET N.
ST PETERSBURG FL 33713
US**

Mailing Address
**BARBARA SHEASBY
5043-5TH AVE
SAINT PETERSBURG FL 33710**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7354739**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **VPD** ☐ Delete
NAME **LA BOMBARD, ESTELLE**
STREET ADDRESS **420-79TH TERRACE N 303**
CITY-ST-ZIP **SAINT PETERSBURG FL 33702**

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

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

TITLE **TD** ☐ Delete
NAME **ZEOLI, CARMEN**
STREET ADDRESS **5950-5TH AVE, N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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** 1-7-03, (727) 327-9033

CR2E037 (10/02)