

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730197

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90027 032 \*\*\*\*61.25

1. Entity Name

**NORTHSHORE NEIGHBORHOOD ASSOCIATION OF ST. PETER**

Principal Place of Business

Mailing Address

P O BOX 76324  
 ST PETERSBURG FL 33734-324  
 US

P O BOX 76324  
 ST PETERSBURG FL 33734-6324  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-7405683**

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

**JAMES J O'DONNELL**  
**405 10 AVE NE**  
**ST PETERSBURG FL 33701**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WERTZ, ROB	
STREET ADDRESS	255 9TH AVE. NE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'DONNELL, JAMES J	
STREET ADDRESS	405 10 TH AVE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WERTZ, ROB	
STREET ADDRESS	255 9TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LANGE, MARY ALICE	
STREET ADDRESS	526 15TH AVE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DENSON, BRUCE	
STREET ADDRESS	325 14TH AVE. NE	
CITY-ST-ZIP	ST.PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOYCE FREY		
STREET ADDRESS	129 16TH AVE NE		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33704		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STEVEN LANGE		
STREET ADDRESS	526 15TH AVE NE		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33704		
TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARLENE BARTLEY		
STREET ADDRESS	320 27TH AVE NORTH		
CITY-ST-ZIP	ST. PETERSBURG, FL. 33704		
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 information.

SIGNATURE: *James J O'Donnell*  
**JAMES J O'DONNELL**

2/15/00

737-894-2478

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)