**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730197  1. Entity Name				Feb 12, 2001 8:00 an Secretary of State			
NORTHSHORE NEIGHBORH	OOD ASSOCIATION OF ST.	PETER				01 90087 016 *	
Principal Place of Business Mailing Address				i I			
P O BOX 76324 St Petersburg Fl 33734-324 US	P O BOX 76324 ST PETERSBURG FL 337 US	ST PETERSBURG FL 33734-324					
2. Principal Place of Business	3. Mailing Address		· <u>-</u> .				
2. Thioparriace of bosiness	5. Mailing Address				<b>i i i i</b> i i i i i i i i i i i i i i i	181 81211 81811 81811 81811 <b>8</b> 1811	AINGA BEBUA 1801
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State	City & State		4. FEI Number 23-7405683 Applied For Not Applicable			
Zip Country	Zip	Country		5. Certificate of Status Desired			
6. Name and Address of	Current Registered Agent			7. Name and Address of New Registered Agent			
		N	ame				
JAMES J O'DONNELL		Street Address		(P.O. Box Number is Not Acceptable)			
405 10 AVE NE ST PETERSBURG FL 33701	٠٠	· · · · · · · · · · · · · · · · · · ·				· <del></del>	
31 (Elchobolid   E 30/01		Ci	ty	-		FL Zip Cox	st
8. The above named entity submits this sta	atement for the purpose of changing its	registered of	lice or registen	ed agent, or both	n, in the state of Florid		
SIGNATURE James Jos Signature, typed or printed name of regis	Somull, Tual	E: Registered Ages	 Deriuper erutargia k	when reinstating)	01/1	3/01 DATE	
FILE NOW: FEE IS \$61.25	9. Election Campaigr Trust Fund Contrib		\$5.00 Added	May Be to Fees		theck Payable to rtment of State	·
10. OFFICERS	S AND DIRECTORS	11.	Δ	ADDITIONS/CHA	INGES TO OFFICERS	AND DIRECTORS IN	V 10
mue PD	<b>⊠</b> Delete	TITLE	PD	SusA	N REBIL	LOT Change	Addition 8
STREET ADDRESS 129 16TH AVE NE	·	NAME Street add	IRFCC	255	13TH A	VE NE P	RESIDENE
CITY-ST-ZIP, SAINT PETERSBURG FL	_ 33704	CITY-ST-Z	i i	SAINI	N REBIL 13TH A PETERS BU	33701	CH2E037
ITTLE TD	☐ Delete	TITLE NAME	TD	ODONA	ell JAME	f Change	□ Addition i □□
STREET ADDRESS 405 10 TH AVF	, t = 0,11,1222, 0,1222, 0		RESS	1 157 5 4 56 56 67			
CITY-ST-ZIP ST PETERSBURG FL 33		CITY-ST-ZI					
NAME LANGE STEVEN	Delete	TITLE	H	AY, FR	PANK ZIHAVE N ersburg, F 33701	/E □ Change	PRESIDENT
NAME LANGE, STEVEN STREET ADDRESS 526 15TH AVE NE		NAME STREET ADD	RESS	ST Pet	ers burg, F	VICE	DILESIDE "
CITY-ST-ZIP SAINT PETERSBURG FL		CITY-ST-ZI	P		3370/	(*)	7
TILE SD NAME BARTLEY, ARLENE	Delete	TITLE NAME	E	ILEEN	O'SULLIVA 2/ST AUE N 2/ersburg,	Change	Addition
STREET ADDRESS 320 27TH AVE'NORTH		"STREET ADD	RESS	ST. P	tersburg,	FLSECI	RETARRY
CITY-ST-ZIP ST PETERSBURG FL 33		CITY-ST-ZI	<b>&gt;</b>		33704		(0)
TITLE .	☐ Delete	TIFLE NAME				Change	Addition
STREET ADDRESS		street add					
CiTY_ST-ZIP		· CITY-ST-ZI	) - e.e		water to the second of		
TITLE NAME	☐ Delete	TITLE NAME			•	☐ Change	☐ Addition
STREET ADDRESS		STREET ADD					
12. I hereby certify that the information supp	plied with this filing does not quelle for	CITY-ST-ZI	<u> i</u>	tion 110 07/31/3	Florido Statuta 15	there exists the state of	nformation
indicated on this report or supplementa of the corporation or the receiver or trus changed, or on an attachment with an a	I report is true and accurate and that materials are steed that in the steed the second is the second that it	ny signature s	hall have the sa	ame legal effect Florida Statutes	as if made under oath , and that my name ap	; that I am an officer pears in Block 10 or	or director r Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR Date Day							
					-mo	PEANLUA LUCLA .	ı