

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734084

1. Entity Name

ST. PETERSBURG, FLORIDA, CHAPTER OF THE NATIONAL

**FILED**  
May 24, 2000 8:00 am  
**Secretary of State**

05-24-2000 90165 008 \*\*\*\*61.25

Principal Place of Business

7109 65TH ST N  
PINELAS PARK FL 34665  
US

Mailing Address

7109 65TH ST N  
PINELLAS PARK FL 33781-4018  
US

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

59-6177419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHNAITER, JANET N  
7109 65TH ST N  
PINELLAS PARK FL 34665

7. Name and Address of New Registered Agent

Name Carla Olthom  
Street Address (P.O. Box Number is Not Acceptable)  
9461 Sun Isle Dr NE  
City St. Pete FL Zip Code 33702

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 Carla Olthom Treasurer DATE 5/1/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	S	<input checked="" type="checkbox"/> Delete
NAME	COX, RUTH	
STREET ADDRESS	3059 MERRILL AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHNAITER, JANET N	
STREET ADDRESS	7109 65TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TOUART, KATHY	
STREET ADDRESS	13926 GULL WY	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, TAMARA	
STREET ADDRESS	311 PARK PL BLVD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	OLSTROM, CARLA	
STREET ADDRESS	6482 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOHKAMP, NORMA	
STREET ADDRESS	429 20TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phyllis Cooper	
STREET ADDRESS	2351 Oakwood Dr.	
CITY-ST-ZIP	Largo FL 33771	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schnaiter, Janet	
STREET ADDRESS	7109 65TH ST N	
CITY-ST-ZIP	Pinellas Park, FL	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Chek	
STREET ADDRESS	P.O. Box 5093	
CITY-ST-ZIP	Largo, FL 33779	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, T	
STREET ADDRESS	1617 PINELLAS ROAD	
CITY-ST-ZIP	Bellaire, FL 33756	
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: Carla Olthom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/00 Daytime Phone # 727 578-9948