

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90013 016 \*\*\*\*61.25

**DOCUMENT # 734084**

1. Entity Name

**ST. PETERSBURG, FLORIDA, CHAPTER OF THE NATIONAL**

Principal Place of Business

Mailing Address

7109 65TH ST N  
 PINELLAS PARK FL 34665  
 US

7109 65TH ST N  
 PINELLAS PARK FL 34665  
 US

2. Principal Place of Business

**5705 80th Street North**

3. Mailing Address

**5705 80th Street North**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Apartment #204**

**Apartment #204**

City & State

City & State

**St. Petersburg, Florida**

**St. Petersburg, Florida**

Zip  
**33709**

Country  
**U.S.A.**

Zip  
**33709**

Country  
**U.S.A.**

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

7. Name and Address of New Registered Agent

**OLSTROM, CARLA**  
**9461 SUN ISLE DR NE**  
**SAINT PETERSBURG FL 33702**

Name  
**Lorraine Krizek**

Street Address (P.O. Box Number is Not Acceptable)  
**5705 80th Street North**

**Apartment #204**

City  
**St. Petersburg**

**FL**

Zip Code  
**33709**

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

*Lorraine Krizek*

**Lorraine Krizek**

**April 29, 2001**

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	P	<input checked="" type="checkbox"/> Delete
NAME	COOPER, PHYLLIS	
STREET ADDRESS	2551 OAKWOOD DR.	
CITY-ST-ZIP	LARGO FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHNAITER, JANET N	
STREET ADDRESS	7109 65TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHEK, CAROL	
STREET ADDRESS	P O BOX 5093	
CITY-ST-ZIP	LARGO FL 33779	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, T	
STREET ADDRESS	1617 PINELLAS ROAD	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OLSTROM, CARLA	
STREET ADDRESS	6482 PARK BLVD	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOHKAMP, NORMA	
STREET ADDRESS	429 20TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D April Bacon Jannarone	
STREET ADDRESS	7128 39th Avenue North	
CITY-ST-ZIP	St. Petersburg, Florida 33709-4502	
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Lorraine Krizek	
STREET ADDRESS	5705 80th Street North #204	
CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lorraine Krizek	
STREET ADDRESS	5705 80th Street North #204	
CITY-ST-ZIP	St. Petersburg, Florida 33709	
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: *Lorraine Krizek* **SIGNATURE REQUIRED** **Lorraine Krizek**

**April 29, 2001**

**(727)546-2381**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)