

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90016 050 ****61.25

DOCUMENT # 734390

1. Entity Name

ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY,

Principal Place of Business

Mailing Address

2201 FIRST AVENUE NORTH
 ST PETERSBURG FL 33713

2201 FIRST AVENUE NORTH
 ST PETERSBURG FL 33701-2812

00020101



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

330 FIFTH ST. N.

Suite, Apt. #, etc.

3. Mailing Address

330 FIFTH ST. N.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

4. FEI Number

59-1674088

Applied For

Not Applicable

Zip

33701

Country

USA

Zip

33701

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HASKEL, LOUIS
415 SOUTH SAN REMO AVENUE
S210
CLEARWATER FL 34616

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:
SEE 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	D	☐ Delete
NAME	SANTOS, ANNA	
STREET ADDRESS	3768 108th AVE. N.	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	D	☐ Delete
NAME	MOFFETT, OLIVE	
STREET ADDRESS	1511 ALCAZAR WAY SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	☐ Delete
NAME	RICHTER, GERRY	
STREET ADDRESS	9670 44TH WAY NORTH	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	P	☐ Delete
NAME	BISHARA, MACARL	
STREET ADDRESS	2040 GULF BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL 33786	
TITLE	SD	☐ Delete
NAME	SOUSA, SUSAN	
STREET ADDRESS	5400 BATES STREET	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	☐ Delete
NAME	JUAN, EDWARD P	
STREET ADDRESS	5900 NORTH TAMPA ST.	
CITY-ST-ZIP	TAMPA FL 33604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☒ Change ☐ Addition
NAME	SANTOS, ANNA	
STREET ADDRESS	3768 103rd AVE. N.	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	D	☒ Change ☐ Addition
NAME	MOFFETT, OLIVE	
STREET ADDRESS	1511 ALCAZAR WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	T	☐ Change ☒ Addition
NAME	ABBAS YOUSEFIANI	
STREET ADDRESS	6912 CIRCLE CREEK DRIVE	
CITY-ST-ZIP	PINELLAS PARK, FL 34645	
TITLE	P	☒ Change ☐ Addition
NAME	BISHARA, MACARI	
STREET ADDRESS	2040 GULF BOULEVARD	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786	
TITLE	VP	☐ Change ☒ Addition
NAME	REV. CLIVE PORTER	
STREET ADDRESS	2797 CASILLA WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	D	☒ Change ☐ Addition
NAME	JEAN-PIERRE, EDWARD	
STREET ADDRESS	5900 NORTH TAMPA STREET	
CITY-ST-ZIP	TAMPA, FL 33604	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (9/99)