

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735599

1. Entity Name

THE CATHEDRAL BOOKSTORE OF ST. PETERS CATHEDRAL.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90097 018 \*\*\*\*61.25

Principal Place of Business

140-4TH ST N  
ST PETERSBURG FL 33701

Mailing Address

136 4TH STREET NORTH  
ST PETERSBURG FL 33701-3807  
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

59-1708310

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

CYNTHIA C. CAMPBELL  
136 4TH STREET NORTH  
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	S	<input type="checkbox"/> Delete
NAME	TUCKER, JEANNE S	
STREET ADDRESS	1050 RAFAEL BLVD NE	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, CHARLES E	
STREET ADDRESS	1656 MANOR WAY SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	AMUNDRUD, KAREN	
STREET ADDRESS	4663 32ND AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, MARTHA	
STREET ADDRESS	751 25TH AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33704	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEGNER, VANCE L	
STREET ADDRESS	200 13TH AVE NO	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEGROOT, JEANETTE	
STREET ADDRESS	4926 COQUINA KEY DR SE	
CITY-ST-ZIP	ST PETERSBURG FL 33705	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAREN Amundrud	
STREET ADDRESS	4663 32ND AVE. N.	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS JENKINS	
STREET ADDRESS	1 BEACH DR. SE #1105	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAYMOND R. Campbell	
STREET ADDRESS	5104 JASMINE Circle N.	
CITY-ST-ZIP	St. Petersburg, FL 33714	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 1-727-527-3431

CR2E037 (9/99)