2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am ⁵ Secretary of State DOCUMENT # 735599 1. Entity Name THE CATHEDRAL BOOKSTORE OF ST. PETERS CATHEDRAL, 04-28-2001 90084 026 ****61.25 Principal Place of Business Mailing Address 136 4TH STREET NORTH 140-4TH ST N ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1708310 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CYNTHIA C. CAMPBELL 136 4TH STREET NORTH ST. PETERSBURG FL 33701 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 Fiorida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT ☐ Addition Change Delete TITLE KAREN AMUNDRUD TUCKER, JEANNE S NAME NAME 4663 32 md AVE, N, STREET ADDRESS STREET ADDRESS 1050 RAFAEL BLVD NE St. PETERSburg, FL 3370 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33704 TITLE ☐ Change TITLE ☐ Delete FRED STANSBERY BECK, CHARLES E NAME NAME 1401 17B AVE, NO STREET ADDRESS 1656 MANOR WAY SOUTH STREET ADDRESS CITY-ST-ZIP StiPETERSburg, FL 33704 CITY-ST-7IP ST. PETERSBURG FL ☐ Delete TITI É TITLE DORIS JENKINS NAME AMUNDRUD, KAREN NAME ONE BEACH DR. SE #1105 STREET ADDRESS STREET ADDRESS 4663 32ND AVE N CITY-ST-7IP CITY-ST-7IF ST. PETERSBURG FL 33713 ☐ Delete FAYMOND RICAMOBELL TITLE ☐ Change Addition TITLE NAME NAME LITTLE, MARTHA 5104 JASMINE CIRCLE N. STREET ADDRESS STREET ADDRESS 751 25TH AVE NORTH CITY-ST-ZIP CITY-ST-7IP ST PETERSBURG FL 33704 TITLE Delete TITLE ☐ Addition NAME WEGNER, VANCE L NAME STREET ADDRESS STREET ADDRESS 200 13TH AVE NO CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Delete TITLE 1 Change ■ Addition 40 th WAS NAME DEGROOT, JEANETTE NAME STREET ADDRESS STREET ADDRESS **NOZE COQUINA KEY DA-SE** Jour CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of fustee expressions are 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 attachmen with an address with all other like proovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #