

2001 UNIFORM BUSINESS REPORT (UBR)

2/8

FILED
Mar 06, 2001 8:00 am
Secretary of State

02-08-2001 90373 026 ****70.00

DOCUMENT # 744693

1. Entity Name

THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF TAMPA

Principal Place of Business

655-2ND AVE.S.
ST. PETERSBURG FL 33701

Mailing Address

655-2ND AVE.S.
ST. PETERSBURG FL 33701

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

59-0638517

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

2873-6



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, PEGGY M
655-2ND AVE.,S.
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 reactivating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, CARLEN 2582 ANDERSON DR. W. CLEARWATER F	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JACKSON, SHARON 8001 MACOMA DR NE ST PETERSBURG FL 33702	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, LAURA 5203 BAYSHORE BLVD TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, PATRICIA 302 ORANGE WOOD LN LARGO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HANSEN, CONNIE 10000 W BAY STREET SEMINOLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAMELA SKYRME 109 NORTH LINCOLN AVENUE CLEARWATER, FLORIDA 33755	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIANE FOLEY 144 16TH AVENUE NORTH ST. PETERSBURG, FLORIDA 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARRI TANTILLO 1010 WEST ADALEE STREET TAMPA, FLORIDA 33603	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAMI SIMMS-POWEL 206 8TH AVENUE NORTH ST. PETERSBURG, FLORIDA 33701	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARY JEAN KISSNER 4829 WINDMILL PALM TERRACE NE ST. PETERSBURG, FLORIDA 33703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Peggy Sanchez Mills

727/896-4621

CR2037 (10/00)