

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90089 047 \*\*\*\*61.25

**DOCUMENT # 746412**

1. Entity Name

**ST. PETERSBURG ASTRONOMY CLUB, INC.**

Principal Place of Business

594 59TH ST. S.  
 ST PETERSBURG FL 33707

Mailing Address

594 59TH ST. S.  
 ST PETERSBURG FL 33707-1727

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

**59-2008032**

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

**SHARON L. BRICKER**  
**594 59TH ST SOUTH**  
**ST PETERSBURG FL 33707**

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 **TD** ☐ Delete  
 NAME **BRICKER, DANIEL W**  
 STREET ADDRESS **594 59TH ST S**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **MCNABB, PAUL**  
 STREET ADDRESS **6220 26TH AVE., N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☒ Delete  
 NAME **TRIPP, WAYNE**  
 STREET ADDRESS **2632 BEACH BLVD., S.**  
 CITY-ST-ZIP **GULFPORT FL**

TITLE **VPD** ☒ Change ☐ Addition  
 NAME **JUDD SHEETS**  
 STREET ADDRESS **6926 10th AVE. N.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

TITLE **VPD** ☐ Delete  
 NAME **FARR, DENNIS**  
 STREET ADDRESS **8811 W BROAD ST**  
 CITY-ST-ZIP **TAMPA FL**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **DENNIS FARR**  
 STREET ADDRESS **8811 W. BROAD ST.**  
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **D** ☐ Delete  
 NAME **WRIGHT, MERRILL**  
 STREET ADDRESS **3530 17TH ST. NO.**  
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **DAVIS, MICHAEL**  
 STREET ADDRESS **3738-B NORTH 140 AVE**  
 CITY-ST-ZIP **LARGO FL**

TITLE ☐ Change ☐ 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:

*Sharon L. Bricker*  
 SHARON L. BRICKER

**MAR. 23, 2000**

**227-343-1594**