

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 746412**

1. Entity Name

ST. PETERSBURG ASTRONOMY CLUB, INC.**FILED**
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91401 046 ****61.25

0041977

Principal Place of Business	Mailing Address
594 59TH ST. S. ST PETERSBURG FL 33707	594 59TH ST. S. ST PETERSBURG FL 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2008032	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent**SHARON L. BRICKER**
594 59TH ST SOUTH
ST PETERSBURG FL 33707**7. Name and Address of New Registered Agent**

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 \$61.259. 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	TD	<input type="checkbox"/> Delete
NAME	BRICKER, DANIEL W	
STREET ADDRESS	594 59TH ST S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCNABB, PAUL	
STREET ADDRESS	6220 26TH AVE., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TRIPP, WAYNE	
STREET ADDRESS	2632 BEACH BLVD S	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FARR, DENNIS	
STREET ADDRESS	8811 W. BROAD ST.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALDA DONALD SAYLOR	
STREET ADDRESS	354 BOCA CIEGA PT. BLVD	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, MICHAEL	
STREET ADDRESS	3738-B NORTH 140 AVE	
CITY-ST-ZIP	LARGO FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

Daniel W. Bricker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR. 19, 2002 727-343-1594

CF2E037 (9/01)