

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749635

1. Entity Name **ST. PETERSBURG COLLEGE FOUNDATION, INC.**
~~THE ST. PETERSBURG JUNIOR COLLEGE DEVELOPMENT FO~~
~~UNDATION, INC.~~ (see attached)

Principal Place of Business Mailing Address
P.O. BOX 13489 (ST. PETERSBURG, FL 33733)
8580 66TH STREET NORTH
PINELLAS PARK FL 33781-207
US

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1954362** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENNINGER, DAVID
8580 66TH ST. NO.
PINELLAS PARK FL 33781-1207

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 \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUCHANAN, JANICE C 8580 66TH ST N PINELLAS PARK FL 33781-1207	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROTHMAN, THELMA P 1018 PARK ST N. ST PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LESLIE, HELEN K 2304 KINGFISH LANE CLEARWATER FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WREN, SYLVIA H 8580 66TH ST N PINELLAS PARK FL 33781-1207	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, ALFRED T 4893 BACOPA LANE SOUTH #105 SAINT PETERSBURG FL 33715	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGORY, THOMAS H 6274 18TH ST NE ST PETERSBURG FL 33702	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ROTHMAN, THELMA P 1018 PARK ST N ST PETERSBURG FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHAFER JR, WALTER L 3443 BEACH TRAIL CLEARWATER FL 33671 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FURNAS, THERESA 8580 66TH ST N PINELLAS PARK FL 33781-1207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

Janice C. Buchanan, Ph.D., Director of Development

SIGNATURE:

Janice C. Buchanan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90017 009 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)

2/22/02 727-341-3319