

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 760235**

1. Entity Name

SUNCOAST ROTARY CLUB OF ST. PETERSBURG, FLORIDA,**FILED****Feb 09, 2000 8:00 am**
Secretary of State

02-09-2000 90086 002 ****61.25

Principal Place of Business

Mailing Address

~~P.O. BOX 14570~~
P.O. BOX 10328
ST PETERSBURG FL 33733-0328
US~~P.O. BOX 14570~~
P.O. BOX 10328
ST PETERSBURG FL 33733-0328
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 10328

Suite, Apt. #, etc.

3. Mailing Address

PO Box 10328

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1859963

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GREENE, EARL R., JR.
4140 BAYSHORE BLVD. N.E.
ST. PETERSBURG FL 33703

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

Earl R. Greene, Jr.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	MCBRIDE, MARY	180 95TH AVE.	ST. PETERSBURG FL	V			
T	BOYLE, LYNN	5926 BAYOU GRANDE BLVD. N.E.	ST. PETERSBURG FL				
V	LICATA, CHRISTOPHER	14301 83RD PL N.	SEMINOLE FL	D			
D	GROSSMAN, JANE	132 24TH AVE. NORTH	ST. PETERSBURG FL	P			
D	MURRAY, CHARLES	6311 ELMHURST DR.	PINELLAS PARK FL				
D	DEGRAAF, BOB	5729 45TH AVE N	ST PETERSBURG FL				

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:

Lynn Boyle
LYNN BOYLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 727-823-6955