

DOCUMENT # 760235

1. Entity Name

MIDTOWN ROTARY CLUB OF ST. PETERSBURG, FLORIDA,

Principal Place of Business

Mailing Address

P O BOX 10328
ST PETERSBURG FL 33733-0328
US

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

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

59-1859963

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 V ☐ Delete
NAME MCBRIDE, MARY
STREET ADDRESS 180 95TH AVE.
CITY-ST-ZIP ST.PETERSBURG FL

TITLE T ☐ Delete
NAME BOYLE, LYNN
STREET ADDRESS 5926 BAYOU GRANDE BLVD. N.E.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME LICATA, CHRISTOPHER
STREET ADDRESS 14301 83RD PL N.
CITY-ST-ZIP SEMINOLE FL

TITLE P ☐ Delete
NAME GROSSMAN, JANE
STREET ADDRESS 132 24TH AVE. NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME MURRAY, CHARLES
STREET ADDRESS 6311 ELMHURST DR.
CITY-ST-ZIP PINELLAS PARK FL

TITLE D ☒ Delete
NAME DEGRAAF, BOB
STREET ADDRESS 5729 45TH AVE N
CITY-ST-ZIP ST PETERSBURG FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE P ☐ Change ☒ Addition
NAME ANDERSON, DIANE
STREET ADDRESS 166 17TH AVE. SE
CITY-ST-ZIP ST. PETERSBURG, FL 33701

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90060 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)