

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760235

Entity Name

MIDTOWN ROTARY CLUB OF ST. PETERSBURG, FLORIDA, INC.

Principal Place of Business

BOX 10328
PETERSBURG FL 33733-0328

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

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
MCBRIDE, MARY
180 95TH AVE.
ST. PETERSBURG FL ☒ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANDERSON, DIANE
166 17TH AVE SE
SAINT PETERSBURG FL 33701 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Bob DeGraaf
3499 4th Street N.
St. Petersburg, FL 33704 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Judy Stadler
619 33rd Avenue N.
St. Petersburg, FL 33704 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Judy Stadler
619 33rd Avenue N.
St. Petersburg, FL 33704 ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V, D ☒ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 727-821-9575

Date

Daytime Phone #

CR2E037 (9/01)