

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90161 004 ****61.25

DOCUMENT # 760235

1. Entity Name

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



Principal Place of Business

P O BOX 10328
ST PETERSBURG FL 33733-0328
US

Mailing Address

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

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

7. Name and Address of New Registered Agent

Name **S. Keith McKINNEY, JR.**

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

605-75 th Avenue

City **ST. Pete Beach**

FL

Zip Code **33706**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

A. Keith McKinney, Jr.

S. Keith McKINNEY, JR.

4-15-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DEGRAAF, BOB**
STREET ADDRESS **3499 4TH ST N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE **SD** ☒ Delete
NAME **STADLER, JUDY**
STREET ADDRESS **619 33RD AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **S. Keith McKINNEY, JR.**
STREET ADDRESS **605-75 AVENUE**
CITY-ST-ZIP **ST. Pete Beach, FL 33706**

TITLE **VD** ☒ Change ☐ Addition
NAME **Bob DEGRAAF**
STREET ADDRESS **3499 - 4th ST. N.**
CITY-ST-ZIP **ST. Petersburg, FL 33704**

TITLE **TD** ☐ Change ☒ Addition
NAME **Pamela Schumacher**
STREET ADDRESS **28050 U.S. Hwy 19 N.**
CITY-ST-ZIP **Clearwater, FL 33761**

TITLE **SD** ☐ Change ☒ Addition
NAME **Lionel Roberts**
STREET ADDRESS **P.O. Box 10328**
CITY-ST-ZIP **ST. Petersburg, FL 33733**

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

TITLE ☐ Change ☐ 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:

A. Keith McKinney, Jr. **S. Keith McKINNEY, JR.** **4-16-03 (727)367-1941**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)