

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761493

1. Entity Name

FRUITLAND HEIGHTS NEIGHBORHOOD ASSOCIATION, INCO

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90087 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1663 20TH AVE. S.  
 1837 - 20TH AVENUE SOUTH  
 ST. PETERSBURG FL 33712

1663 20TH AVE. S.  
 1837 - 20TH AVENUE SOUTH  
 ST. PETERSBURG FL 33712-3255

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

NOT APPLICABLE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<p>PD                      MACK, JOHNNIE B.                      1837 - 20TH AVENUE SOUTH                      ST. PETERSBURG FL</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE                      NAME                      STREET ADDRESS                      CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>VD                      HARRELL, MAJORIE                      1663 20TH AVENUE SOUTH                      ST. PETERSBURG FL</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE                      NAME                      STREET ADDRESS                      CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TD                      PITT, DOROTHY                      1920 19TH STREET SOUTH                      ST. PETERSBURG FL</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE                      NAME                      STREET ADDRESS                      CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>SD                      JONES, EMMA L.                      1909 19TH STREET SOUTH                      ST. PETERSBURG FL</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE                      NAME                      STREET ADDRESS                      CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>D                      FALANA, CLINTON C.                      1675 22ND AVENUE SOUTH                      ST. PETERSBURG FL</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE                      NAME                      STREET ADDRESS                      CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p><input type="checkbox"/> Delete</p>	<p>TITLE                      NAME                      STREET ADDRESS                      CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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 by the filer.

CR2E037 (9/99)