

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

FILED
May 05, 2003 8:00 am
Secretary of State

04-18-2003 90121 043 ****61.25

DOCUMENT # 761795

1. Entity Name

GIBBS CLASS OF 49, INC.



Principal Place of Business
**410 KINGSTON STREET SOUTH
ST. PETERSBURG FL 33711**

Mailing Address
**410 KINGSTON STREET SOUTH
ST. PETERSBURG FL 33711**

55037930



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

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

**BAKER, JOHN T. JR.
410 KINGSTON STREET SOUTH
ST. PETERSBURG FL 33711**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BAKER, JOHN T JR**
STREET ADDRESS **410 KINGSTON STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **VP** ☐ Delete
NAME **JONES, HENRY JR.**
STREET ADDRESS **18125 ANCROFT CT.**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **T** ☐ Delete
NAME **GRIMES, KATIE M**
STREET ADDRESS **2447-17TH AVE S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE **RSD** ☒ Delete
NAME **REDVICT, MARGARET**
STREET ADDRESS **5700 9TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE **D** ☐ Delete
NAME **LEWIS, BARBARA E.W.**
STREET ADDRESS **2234-16TH AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ 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 **RSD** ☒ Change ☒ Addition
NAME **LAVIND, INEZ A**
STREET ADDRESS **2447 COVINA WAY SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)