

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762263

1. Entity Name
PORCH PEOPLE SOCIAL CLUB, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90105 038 ****66.25

Principal Place of Business

Mailing Address

2700 6TH STR SO
ST. PETERSBURG FL 33705
US

2700 6TH ST. ST
ST. PETERBURG FL 33705-3610
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARHAM, JUANITA
2700 6TH ST SO
ST. PETERSBURG FL 33705

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 Juanita parham
Signature, typed or printed name of registered agent and title if applicable

p.d.
(NOTE: Registered Agent signature required when reinstating)

2, 25, 2000
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARHAM, JUANITA	
STREET ADDRESS	2700 6ST. SO.	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARTIN, SAM LANCE	
STREET ADDRESS	338 26TH STREET SO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TELLIS, AVIS	
STREET ADDRESS	653 64 AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOONE, SUSIE	
STREET ADDRESS	821 19TH AVE S	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, RUBY	
STREET ADDRESS	338 26ST SO.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, EDITH	
STREET ADDRESS	1818 16ST. SO.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000 FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Savanna Switherspoon	
STREET ADDRESS	4811 23 ave so	
CITY-ST-ZIP	St. petersburg 33711 FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Juanita parham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2, 25, 2000
Date Daytime Phone #

727
8220833

CR2E037 (9/99)