

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762263

1. Entity Name

PORCH PEOPLE SOCIAL CLUB, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90450 033 \*\*\*\*67.25

00031967



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2700 6TH STR SO  
ST. PETERSBURG FL 33705  
US

Mailing Address

2700 6TH ST. ST  
ST. PETERBURG FL 33705  
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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 Juanita parham

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	PD PARHAM, JUANITA 2700 6ST. SO. ST PETERSBURG FL 33705	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, SAM LANCE 330 26TH STREET SO. ST PETERSBURG FL 33712	<input type="checkbox"/> Delete Sam L. Martin
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TELLIS, AVIS 653 64 AVE SO ST PETERSBURG FL 33711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOONE, SUSIE 821 19TH AVE S ST PETERSBURG, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTIN, RUBY 330 26ST SO. ST PETERSBURG, FL 00000 FL 33712	<input type="checkbox"/> Delete Sam L
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, EDITH 1818 16ST. SO. ST PETERSBURG, FL 00000 FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sammie MARTIN 330 6th st so <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Alicia parham 2035 27th st so St Petersburg FLA- 33712 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	330 26ST SO. <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-2001

CR2E037 (10/00)