

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0041651

DOCUMENT # 762263

1. Entity Name

PORCH PEOPLE SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

4) 8TH STR SO
 ST. PETERSBURG FL 33705

2700 6TH ST. ST
 ST. PETERSBURG 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

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.

(NOTE: Registered Agent signature required when reinstating)

3/14/02

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **PARHAM, JUANITA**
 CITY-ST-ZIP **2700 6ST. SO.**
ST PETERSBURG FL 33705

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **MARTIN, SAMMIE**
 CITY-ST-ZIP **330 6TH ST S**
SAINT-PETERSBURG FL 33712

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **PARHAM, GLORIA**
 CITY-ST-ZIP **2035 27TH ST S**
SAINT PETERSBURG FL 33712

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

TITLE ☒ Delete
 NAME **S**
 STREET ADDRESS **BOONE, SUSIE**
 CITY-ST-ZIP **821 19TH AVE S**
ST PETERSBURG, FL 00000

TITLE ☐ Change ☐ Addition
 NAME **Savanna Switherspoon**
 STREET ADDRESS **4811 23 Ave South**
 CITY-ST-ZIP **ST. PETERSBURG FL.**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **MARTIN, RUBY**
 CITY-ST-ZIP **330 26TH ST S**
SAINT PETERSBURG FL 33712

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CLARK, EDITH**
 CITY-ST-ZIP **1818 16ST. SO.**
ST PETERSBURG, FL 00000 FL

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

3/14/02

Date

Daytime Phone #

CR2E037 (9/01)