

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90937 040 ****70.00

DOCUMENT # 763053

1. Entity Name

ST. PETERSBURG CERTIFIED DEVELOPMENT CORPORATION

Principal Place of Business

227 SECOND AVE., NORTH
 ST. PETERSBURG FL 33701
 US

Mailing Address

PO BOX 54
 ST. PETERSBURG FL 33731
 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

59-2195483

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

DIVITO JOSEPH A ATTY
4514 CENTRAL AVE
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.

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

TITLE **D** ☐ Delete
 NAME **JAMES R. GILLESPIE**
 STREET ADDRESS **4804 WINDMILL PALM TERR., NE**
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

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

TITLE **DP** ☐ Delete
 NAME **PAUL BAILEY**
 STREET ADDRESS **100 SECOND AVE NORTH**
 CITY-ST-ZIP **ST PETERBURG FL 33701**

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

TITLE **MD** ☒ Delete
 NAME **MCDOWELL, TIMOTHY J**
 STREET ADDRESS **227 SECOND AVE., N**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **MD** ☐ Change ☒ Addition
 NAME **MALACHI C. JONES**
 STREET ADDRESS **227 SECOND AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

TITLE **D** ☐ Delete
 NAME **LEANN ELLIOTT**
 STREET ADDRESS **P. O. BOX 13489 N/A**
 CITY-ST-ZIP **ST. PETERSBURG FL 33731**

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

TITLE **D** ☒ Delete
 NAME **SCHONS, ED**
 STREET ADDRESS **17757 US HIGHWAY 19 N #660**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☐ Change ☒ Addition
 NAME **DENISE G. UNLEY**
 STREET ADDRESS **5801 49TH STREET NORTH**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33709**

TITLE **VD** ☐ Delete
 NAME **LARRY NEWSOME**
 STREET ADDRESS **6307 PASADENA POINT BLVD**
 CITY-ST-ZIP **GULFPORT FL 33707**

TITLE **VD** ☒ Change ☐ Addition
 NAME **LARRY NEWSOME**
 STREET ADDRESS **6798 CROSSWINDS DR., SUITE A-101**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MALACHI C. JONES

4/27/01

727-895-2504

Date

Daytime Phone #

CR2E037 (10/00)