

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90189 029 ****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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DIMITO JOSEPH A ATTY
4514 CENTRAL AVE
ST. PETERSBURG FL 33711**

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. 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 NAME	D JAMES R. GILLESPIE	<input type="checkbox"/> Delete
STREET ADDRESS	4804 WINDMILL PALM TERR., NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE NAME	DP PAUL BAILEY	<input type="checkbox"/> Delete
STREET ADDRESS	100 SECOND AVE NORTH	
CITY-ST-ZIP	ST PETERBURG FL 33701	
TITLE NAME	P REUSS, RONALD L	<input type="checkbox"/> Delete
STREET ADDRESS	227 SECOND AVE., N	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE NAME	D LEANN ELLIOTT	<input type="checkbox"/> Delete
STREET ADDRESS	P. O. BOX 13489 N/A	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	
TITLE NAME	D UNLEY, DENISE G	<input type="checkbox"/> Delete
STREET ADDRESS	5801 49TH ST N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE NAME	VD LARRY NEWSOME	<input type="checkbox"/> Delete
STREET ADDRESS	6798 CROSSWINDS DR, STE A-101	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD James R. Gillespie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4804 Windmill Palm Terrace N.E.	
CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE NAME	CD Paul Bailey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	227 Second Avenue North	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **Reuss, Pres. 1/6/03 727-895-2504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)