

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763624

1. Entity Name

CHILDREN'S CIRCLE OF ST. PETERSBURG, INC.

Principal Place of Business

4201 SIXTH ST. SOUTH
ST. PETERSBURG FL 33705

Mailing Address

4201 SIXTH ST. SOUTH
ST. PETERSBURG FL 33705

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THOMPSON, SARA
2235 SOUTH 25TH AVE
ST PETERSBURG FL 33712

4. FEI Number

59-2194559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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 PD ☐ Delete
NAME MCCULLOUGH, EVELYN
STREET ADDRESS 1095 55TH TERRACE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~PD~~ ☐ Delete
NAME GORDON, BRENDA
STREET ADDRESS 2245 MURILLA WAY SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ~~PD~~ ☐ Delete
NAME DASH, BERNARD B
STREET ADDRESS 5018 1ST AVE N
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD ☐ Delete
NAME Clayton Francis
STREET ADDRESS 4140 Grove St S.
CITY-ST-ZIP St Petersburg FL 33705

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Sarah Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-26-01

Daytime Phone # 727) 8230310

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90104 031 ****61.25

651120



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)