

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768618

1. Entity Name

THE VEDANTA CENTER OF ST. PETERSBURG, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90120 046 ****61.25

Principal Place of Business

Mailing Address

216 19TH AVE., S.E.
ST PETERSBURG FL 33705

216 19TH AVE., S.E.
ST PETERSBURG FL 33705-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2808750

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOMONTI, JEAN
626-66TH AVE. S
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
D	SCARGILL, IAN D.	236 19TH AVE. SE	ST PETERSBURG FL	☐
D	SCARGILL, KATHLEEN	236 19TH AVE. S.E.	ST. PETERSBURG FL	☐
PD	BOMONTI, JEAN	625 66TH AVE S	ST PETERSBURG FL	☐
SD	HAWLEY, ELIZABETH	215 20TH AVE., S.E.	ST. PETERSBURG FL	☐
VD	HAWLEY, ROBERT	215-20TH AVE., S.E.	ST PETERSBURG FL	☐
TD	CAMPBELL, LOIS	934 JUNGLE AVE N	ST PETERSBURG FL	☐

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

Jean B. Bomonti Jean B. Bomonti 3/1/00 727-866-8360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)