2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State
09-18-2001 90009 040 ****61.25

DOCUMENT # N00000000628

1. Entity Name

LAKE EUCLID NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1818 29 AVE NORTH ST PETERSBURG FL 33734	P O BOX 7324 ST PETERSBURG FL 33734

AUU0bbb1

DO NOT WRITE IN THIS SPACE

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 59-3564076 ☐ 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
COLLINS, DALLAS R 2400 18 STREET ST PETERSBURG FL 33713	Name: Michael Baptista Street Address (P.O. Box Number is Not Acceptable): 1767 27th Ave N. City: St. Petersburg FL Zip Code: 33713

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] Michael Baptista DATE: 9/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

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	PD COLLINS, DALLAS R 2400 18 ST ST PETERSBURG FL 33713	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Baptista, Michael 1767 27th Ave N. St. Pete FL 33713	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BAPTISTA, MICHAEL 1767 27 AVE NORTH ST PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hamilton, Karen 2600 17 ST N. St. Pete FL 33713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HAMILTON, KAREN 2600 17 ST NORTH ST PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Stanley, Steve 2417 19th ST W St. Pete FL 33713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STANLEY, STEVE 2417 19 ST NORTH ST PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/Hamilton, Bob 2600 17 ST N. St. Pete FL 33713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMILTON, BOB 2600 17 ST NORTH ST PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mercer, Cissy 2945 20 St. N. St. Pete FL 33713	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERCER, CISSY 2945 20 ST NORTH ST PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D William Cullen 1710 8th Ave N. St. Pete FL 33713	☐ 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: [signature] Stanley RESIGNED Stephen D Stanley 9/11/01 822-8371

CR2E037 (5/01)