

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001802

1. Entity Name

NORTHEAST PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

PO BOX 3859
ST. PETERSBURG FL 33731

Mailing Address

PO BOX 3859
ST. PETERSBURG FL 33731

2. Principal Place of Business

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, SCOTT
734 PLACIDO WAY NE
ST. PETERSBURG FL 33704

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCOTT WILLIS		
STREET ADDRESS	PO BOX 3859		
CITY-ST-ZIP	ST PETERSBURG, FL 33731		
TITLE	VICE-PRESIDENT/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIM IGNACIO		
STREET ADDRESS	PO BOX 3859		
CITY-ST-ZIP	ST PETERSBURG, FL 33731		
TITLE	SECRETARY/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JUDY CRISSIP		
STREET ADDRESS	PO BOX 3859		
CITY-ST-ZIP	ST PETERSBURG, FL 33731		
TITLE	TREASURER/D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHN ROMEO		
STREET ADDRESS	P.O. BOX 3859		
CITY-ST-ZIP	ST PETERSBURG, FL 33731		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: SCOTT WILLIS 5/22/01 727-895-8155

660783



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)