

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

**DOCUMENT # N02000004326**

1. Entity Name

**UPPER PINELLAS AFRICAN VIOLET SOCIETY, INC.**



01-29-2003 90196 001 \*\*\*\*\*8.75

01-29-2003 90196 002 \*\*\*\*\*61.25

Principal Place of Business

**1855 MCCAULEY ROAD  
CLEARWATER FL 33765**

Mailing Address

**1855 MCCAULEY ROAD  
CLEARWATER FL 33765**

**00000410**

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

**03-0456377**

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

**HOWELL, MOLLIE  
1855 MCCAULEY ROAD  
CLEARWATER FL 33765**

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 **PD** ☐ Delete  
NAME **MARTIN, MARIANNE**  
STREET ADDRESS **1943 RADCLIFFE DRIVE NORTH**  
CITY-ST-ZIP **CLEARWATER FL 33763**

TITLE **VD** ☐ Delete  
NAME **HIGLEY, SUSAN**  
STREET ADDRESS **6471 64TH AVENUE**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **SD** ☐ Delete  
NAME **MARSHALL, ANITA**  
STREET ADDRESS **643-A YORKSHIRE CT**  
CITY-ST-ZIP **CLEARWATER FL 34695**

TITLE **TD** ☒ Delete  
NAME **SMITH, JIM**  
STREET ADDRESS **1449 PALOMA LANE**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **D** ☐ Delete  
NAME **RICHARDSON, CHERYL**  
STREET ADDRESS **6251 87TH AVENUE**  
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **D** ☐ Delete  
NAME **REUTER, ELEANOR**  
STREET ADDRESS **1950 SANDRA DR**  
CITY-ST-ZIP **CLEARWATER FL 33764**

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **TD**  
STREET ADDRESS **DICKSON, Myrtice C.**  
CITY-ST-ZIP **640 A FAIRMONT AV. SAFETY HARBOR, FL 34695**

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

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: **Myrtice C. Dickson** *Myrtice C. Dickson* **TD** **8/26/03 (727) 799-2469**

CR2E037 (10/02)