

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90008 047 ****61.25

DOCUMENT # N08502

1. Entity Name

SOROPTIMIST INTERNATIONAL OF HOLIDAY ISLES, FL.,

Principal Place of Business

PO BOX 8263
MADEIRA FL 33738
US

Mailing Address

PO BOX 8263
MADEIRA BEACH FL 33738

2. Principal Place of Business

17700-1st St.,

3. Mailing Address

P. O. Box 8263

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Redington Shores, Fl.,

City & State

Madeira Beach, Fl.,

4. FEI Number

59-6153161

Applied For

Not Applicable

Zip

33708

Country

usa

Zip

33738

Country

usa

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

THOMPSON, DORIS
17700 1ST STREET
REDINGTON SHORES FL 33708

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 **P** ☐ Delete
NAME **HAMIL, MARTHA**
STREET ADDRESS **12479-81ST PL N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **T** ☐ Delete
NAME **THOMPSON, DORIS**
STREET ADDRESS **220 126TH AVE**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **CSD** ☐ Delete
NAME **TOLISANO, ERNESTINE E**
STREET ADDRESS **6331 FOURTH PALM POINT**
CITY-ST-ZIP **ST PETER BCH FL**

TITLE **D** ☒ Delete
NAME **LAVINO, STEPHANIE**
STREET ADDRESS **220 125TH AVE**
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **VPD** ☐ Delete
NAME **WHITE, DONNA**
STREET ADDRESS **8401 W GULF BLVD**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

TITLE **RSD** ☐ Delete
NAME **TERRY, MARILYN**
STREET ADDRESS **6330-4TH PALM POINT**
CITY-ST-ZIP **ST PETE BCH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Board** ☐ Change ☒ Addition
NAME **Dee Blazier**
STREET ADDRESS **10236-112th St., N.,**
CITY-ST-ZIP **Largo, Fl., 33778**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doris W. Thompson 727-319-8383
Doris W. Thompson, Treas.

CR2E037 (10/00)