

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

0060204

**DOCUMENT # N08502**

1. Entity Name

**SOROPTIMIST INTERNATIONAL OF HOLIDAY ISLES, FL., INC.**

Principal Place of Business

**17700 1ST ST  
 SAINT PETERSBURG FL 33708  
 US**

Mailing Address

**PO BOX 8263  
 MADERIA BEACH FL 33738**

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

**59-6153161**

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

**THOMPSON, DORIS  
 17700 W 1ST STREET  
 REDINGTON SHORES FL 33708**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition  
 NAME **President**  
 STREET ADDRESS **Ernestine E. Tolisano**  
 CITY-ST-ZIP **6331 4th Palm Point  
 St. Pete Beach, FL., 33706**

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

TITLE ☐ Change ☐ Addition  
 NAME **Board member**  
 STREET ADDRESS **Alexandra Gareau**  
 CITY-ST-ZIP **5151 Duhme Rd.,  
 St. Petersburg, fl., 33708**

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

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BLAZIER, DEE**  
 CITY-ST-ZIP **10236 112TH ST N  
 LARGO FL 33778**

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

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

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

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

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:**

*Donna White*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Pres.**

Date

**3/20/02**

Daytime Phone #

**927-319-8383**

CR2E037 (9/01)