

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10892

1. Entity Name

FEED THE PELICAN FUND, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90032 046 ****61.25

Principal Place of Business

Mailing Address

4597 14TH WAY, N. E.
ATTN: MRS. R. RICHARDSON
ST. PETERSBURG FL 33703

4597 14TH WAY, N. E.
ATTN: MRS. R. RICHARDSON
ST. PETERSBURG FL 33703-5352



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4372 33 Ave W

Feed the Pelican Fund

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St. Petersburg

P.O. Box 605

City & State

City & State

Florida

St. Petersburg Fla

Zip

Country

Zip

Country

33713

Pinellas

33731

Pinellas

4. FEI Number

59-2531922

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

RICHARDSON, R. (SUSAN) (MRS.)
4597 14TH WAY, N. E.
ST. PETERSBURG FL 33703

Name

Kimball, Polly

Street Address (P.O. Box Number is Not Acceptable)

4372 33 Ave W

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, 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 D
NAME URYPEL, NANCY
STREET ADDRESS 5325 4 ST S.
CITY-ST-ZIP ST. PETERSBURG FL 33705 ☒ Delete

TITLE P
NAME Albers, Harold E. Dum
STREET ADDRESS 5099 26 Ave W.
CITY-ST-ZIP St. Petersburg, Fla 33710 ☐ Change ☐ Addition

TITLE D
NAME KIMBALL, POLLY
STREET ADDRESS 4372 33 AVE N.
CITY-ST-ZIP ST. PETERSBURG FL 33713 ☐ Delete

TITLE S
NAME Franklin Shirley
STREET ADDRESS 4230 19th St W
CITY-ST-ZIP St. Petersburg Fla 33714-4212 ☐ Change ☐ Addition

TITLE D
NAME WEINBERG, TERI
STREET ADDRESS 3025 3 ST N.
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ Delete

TITLE T
NAME Keef Muriel
STREET ADDRESS 1473 45 Ave NE.
CITY-ST-ZIP St. Petersburg Fla. 33703 ☐ Change ☐ Addition

TITLE D
NAME PENNY, JOHN DR
STREET ADDRESS 731 6 AVE
CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Delete

TITLE P
NAME Ray Digne
STREET ADDRESS 1425 Eden Isle Blvd NE.
CITY-ST-ZIP St. Petersburg Fla. 33704 ☐ Change ☐ Addition

TITLE D
NAME PENNY, ANNE
STREET ADDRESS 731 64 AVE
CITY-ST-ZIP ST. PETERSBURG FL 33716 ☒ Delete

TITLE P
NAME Ray John
STREET ADDRESS 1425 Eden Isle Blvd NE
CITY-ST-ZIP St. Petersburg, Fla. 33704 ☐ Change ☒ Addition

TITLE D
NAME CLITES, TINA
STREET ADDRESS 4333 68 AVE N.
CITY-ST-ZIP PINELLAS PK FL 33781 ☐ Delete

TITLE P
NAME Williams Pennis
STREET ADDRESS 3152 Morris St W
CITY-ST-ZIP St. Petersburg Fla. 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 REQUIRED

1-27-00

727-526-6715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #