

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90082 005 ****61.25

0062571

DOCUMENT # N10892

1. Entity Name

FEED THE PELICAN FUND, INC.

Principal Place of Business

**4372 33AVE N
 PINELLAS FL 33713**

Mailing Address

**FEED THE PELICAN FUND
 PO BOX 605
 ST-PETERSBURG FL 33731**

00000110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2531922

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POLLY, KIMBALL
 4372 33 AVE N
 SAINT PETERSBURG FL 33713**

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

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

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

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

TITLE **D** ☐ Delete
 NAME **Albers, Harold F**
 STREET ADDRESS **5099 26 ave W.**
 CITY-ST-ZIP **St Petersburg Fla 33710**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Daneville Jennine**
 CITY-ST-ZIP **7230 4th St. N. # 702**
St. Petersburg Fla, 33702

TITLE ☐ Change ☐ Addition
 NAME **Vice-President**
 STREET ADDRESS **Ray, John**
 CITY-ST-ZIP **1425 Eden Isle Blvd. n.e.**
St. Petersburg, Fla 33704

TITLE ☐ Change ☐ Addition
 NAME **Ray Diane**
 STREET ADDRESS **1425 Eden Isle Blvd. n.e.**
 CITY-ST-ZIP **St. Petersburg, Fla. 33704**

TITLE ☐ Change ☐ Addition
 NAME **Williams Dennis**
 STREET ADDRESS **3152 Morris St W**
 CITY-ST-ZIP **St. Petersburg, Fla**

TITLE ☐ Change ☐ Addition
 NAME **Patricia Mariann**
 STREET ADDRESS **4830 Paradise Way S.**
 CITY-ST-ZIP **St. Petersburg, Fla 33705**

TITLE ☐ Change ☐ Addition
 NAME **Treasurer**
 STREET ADDRESS **Keef, Muriel**
 CITY-ST-ZIP **1473 45 ave. n.e.**
St. Petersburg, Fla. 33703

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:

M. Keef **1-8-01 (727) 5266715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)