

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15747

1. Entity Name

LEAGUE OF WOMEN VOTERS OF NORTH PINELLAS COUNTY,

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

02-01-2000 90011 009 \*\*\*\*61.25

Principal Place of Business

PO BOX 6725  
CLEARWATER FL 33758  
US

Mailing Address

PO BOX 6725  
CLEARWATER FL 33758  
US

2. Principal Place of Business

210 EWING AVE. S

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 6833

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

59-2875134

Applied For

Not Applicable

Zip

33756

Country

USA

Zip

33758

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

OSTERBROCK, MARY K  
1951 SANDPIPER DRIVE  
PALM HARBOR FL 34683

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	S	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, SIS	
STREET ADDRESS	2900 MACALPIN DRIVE SOUTH	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	P	<input type="checkbox"/> Delete
NAME	OSTERBROCK, MARY	
STREET ADDRESS	1951 SANDPIPER DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	AZARUA, GERT	
STREET ADDRESS	2035 ARBOR LANE	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, MARILEE	
STREET ADDRESS	10612 ANDREW LANE	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTHEWS, ALDEN E	
STREET ADDRESS	1334 MICHIGAN AVENUE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILL JOHNSON	
STREET ADDRESS	2694 REDFORD COURT	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZARVA, GERT	
STREET ADDRESS	(see not u)	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/20/00 (727) 781-4153

Date

Daytime Phone #