

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N17587**

1. Entity Name

ST. PETERSBURG FIRE FIGHTERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PRESIDENT
5240 1ST AVE NO
ST. PETERSBURG
33710 FL USPRESIDENT
5240 1ST AVE N
ST. PETERSBURG
33710 FL US

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

59-2743167

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEINBERG RICHARD R
5240 1ST AVE NST. PETERSBURG FL
33710 US

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 **RICHARD R FEINBERG****01/18/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VPT	BENGIVENGO CHRISTOPHER	5103 73 ST E	BRADENTON FL 34203	VPT	JONES LARRY V.PRES	5590 16TH AVENUE NORTH	ST. PETERSBURG FL 33710
PD	FEINBERG RICHARD R	546 MAGGIORE BLVD S	ST. PETERSBURG FL	PD	FEINBERG RICHARD R	2601 50TH AVENUE NORTH	ST. PETERSBURG FL 33714
ST	POSTON JAY	9214 78 PL N	LARGO LF	PD	FEINBERG RICHARD R	2601 50TH AVENUE NORTH	ST. PETERSBURG FL 34203

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard R. Feinberg**PD****01/18/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)