

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90406 009 ****70.00

DOCUMENT # N17587

1. Entity Name

ST. PETERSBURG FIRE FIGHTERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

PRESIDENT
5240 1ST AVE N
ST. PETERSBURG FL 33710
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**

6. Name and Address of Current Registered Agent

FEINBERG, RICHARD R
5240 1ST AVE N
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name **WINTHROP M. NEWTON**

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

104 KINGSTON ST. SO.

City **ST. PETERSBURG**

FL

Zip Code **33711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

01/09/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	FEINBERG, RICHARD R	
STREET ADDRESS	2601 50TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 34203	
TITLE	PD	☒ Delete
NAME	FEINBERG, RICHARD R	
STREET ADDRESS	2601 50TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	VPT	☒ Delete
NAME	JONES, LARRY V. PRES	
STREET ADDRESS	5590 16TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	☒ Change ☐ Addition
NAME	WINTHROP M. NEWTON	
STREET ADDRESS	P.O. BOX 15514	
CITY-ST-ZIP	ST. PETERSBURG, FL 33733	
TITLE	V/D	☒ Change ☐ Addition
NAME	MICHAEL T. BLANK	
STREET ADDRESS	5717 20 AVE. SO.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	S/T/D	☒ Change ☐ Addition
NAME	WILLIAM G. MOTT	
STREET ADDRESS	12105-23 ST. N.	
CITY-ST-ZIP	LARGO, FL 33773	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **X**

WINTHROP M. NEWTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/03

Date

727 323-1213

Daytime Phone #

CR2037 (10/02)