

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18018

1. Entity Name

SAVE THE FLORIDA PANTHER, INC.

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90446 045 ****61.25

Principal Place of Business

1224 14TH N
ST PETERSBURG FL 33705
US

Mailing Address

PO BOX 232
ST PETERSBURG FL 33731
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 7959

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Petersburg FL 33734

FBI Number

59-2776005

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

GREEN, PAMELA J
447 3RD AVE NORTH
SUITE 203
ST PETERSBURG FL 33701

Name

PETER GALLAGHER

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

1224 14th Ave No.

City

St Petersburg

FL

33705

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:

x PETER GALLAGHER (Signature) x 5-29-02

Signature, typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☐ Delete
NAME	GALLAGHER, PETER B	
STREET ADDRESS	1224 14TH AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	TD Steve Grandmaison	☐ Delete
NAME	MODONAL, DAN 8300 Seminole Blvd #230	
STREET ADDRESS	650-06 14TH ST 1000 Seminole, FL 33772	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	☐ Delete
NAME	COOK, CHARLES	
STREET ADDRESS	422 O'LINDA COURT	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	T	☒ Delete
NAME	GREEN, PAM	
STREET ADDRESS	P O BOX 1852	
CITY-ST-ZIP	ST PETERSBURG FL 33731	
TITLE	T	☐ Delete
NAME	COLIN Kenny	
STREET ADDRESS	PO BOX 7959	
CITY-ST-ZIP	St. Petersburg, FL 33731	
TITLE	D	☐ Delete
NAME	Kelly Green	
STREET ADDRESS	4801 Queensboro Ave S.	
CITY-ST-ZIP	St. Petersburg FL 33701	

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		
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:

Peter B. Gallagher

5-29-02

727-510

5474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #