

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

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90096 025 ****61.25

DOCUMENT # N18808

1. Entity Name

ST. PETERSBURG LA SERTOWNA CLUB INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13570 LAKEPOINT DR. S.

3. Mailing Address

13570 LAKEPOINT DR. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER FL

City & State

CLEARWATER FL

4. FEI Number

57-2848282

Applied For

Not Applicable

Zip

33762

Country

PINELLAS

Zip

33762

Country

PINELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANN HECK

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

13570 LAKEPOINT DR. S.

City

CLEARWATER

FL

Zip Code

33762

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 ANN HECK TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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	TREASURER
NAME	ANN HECK
STREET ADDRESS	13570 LAKEPOINT DR. S.
CITY-ST-ZIP	CLEARWATER FL. 33762
TITLE	DIRECTOR
NAME	GEORGETTA MEYER
STREET ADDRESS	4904 88 WAYS. #313F
CITY-ST-ZIP	ST. PETERSBURG FL. 33709
TITLE	PRESIDENT
NAME	LOUISE BOWMAN
STREET ADDRESS	2526 G3 TERR. N.
CITY-ST-ZIP	ST. PETERSBURG FL. 33702
TITLE	2ND. V.P.
NAME	SALLY BLACKER
STREET ADDRESS	113416 AVE. IV.
CITY-ST-ZIP	ST. PETERSBURG FL. 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ann Heck

ANN HECK

3-17-03

721-521-1132

CR2E037B (12/02)