

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**  
03-21-2000 90019 035 \*\*\*\*70.00

**DOCUMENT # N20979**

1. Entity Name

**THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER**

Principal Place of Business

C/O JOHN C. CANNON  
116 5TH ST. SOUTH  
ST. PETERSBURG FL 33701-2010

Mailing Address

C/O JOHN C. CANNON  
116 5TH ST. SOUTH  
ST. PETERSBURG FL 33701-4112

2. Principal Place of Business  
C/O DOUG LINDER

Suite, Apt. #, etc.  
115 5TH ST. SOUTH

City & State  
ST. PETERSBURG, FLORIDA

Zip  
33701-2010

Country

3. Mailing Address  
C/O DOUG LINDER

Suite, Apt. #, etc.  
115 5TH ST. SOUTH

City & State  
ST. PETERSBURG, FLORIDA

Zip  
33701-4112

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-0624468**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**LINDER, DOUG**  
**116 FIFTH AVENUE SOUTH**  
**ST. PETERSBURG FL 33701**

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

**DOUG LINDER, PRESIDENT/CEO**

**MARCH 13, 2000**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DC**  
**WILLIAM, STOVER**  
**12478 1ST ST. W.**  
**TREASURE ISLE FL 33706**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVC**  
**HINES, HAMPTON**  
**1845 BAYOU GRANDE BLVD. NE**  
**ST PETERSBURG FL 33703**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS**  
**HENDERSON, JAMES**  
**3275 WALNUT ST NE**  
**ST PETERSBURG FL 33704**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT**  
**WELLS, PETER**  
**1311 MONTICELLO N**  
**ST. PETERSBURG FL 33703**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**LINDER, DOUG**  
**3899 17TH AVE N.**  
**ST. PETERSBURG FL 33713**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/00**

Date

Daytime Phone #

CR2E037 (9/95)