2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 11, 2001 8:00 am **DOCUMENT # N20979** Secretary of State THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER 01-11-2001 90040 022 ****61.25 Principal Place of Business Mailing Address C/O DOUG LINDER C/O DOUG LINDER POURTILD 115 5TH ST. SOUTH 115 5TH ST. SOUTH ST. PETERSBURG FL 33701-2010 ST. PETERSBURG FL 33701-2010 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 59-0624468 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LINDER, DOUG 116 FIFTH AVENUE SOUTH ST. PETERSBURG FL 33701 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME WILLIAM, STOVER STREET ADDRESS **CR2E037** STREET ADDRESS 12478 1ST ST. W. CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLE FL 33706 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME. HINES: HAMPTON -----NAME STREET ADDRESS 1845 BAYOU GRANDE BLVD. NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Change ☐ Addition TITI # ☐ Delete TITLE NAME HENDERSON, JAMES NAME STREET ADDRESS STREET ADDRESS 3275 WALNUT ST NE CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33704 ☐ Change ☐ Addition TITLE DT ☐ Delete TITI F NAME WELLS, PETER STREET ADDRESS STREET ADDRESS 1311 MONTICELLO N CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33703 Change ☐ Addition ☐ Delete TITLE NAME LINDER, DOUG NAME STREET ADDRESS STREET ADDRESS 3899 17TH AVE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33713

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

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Daytime Phone #

Change

☐ Addition