

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90496 045 ****61.25

DOCUMENT # N41801

1. Entity Name

YOUNG MOTHER'S LEAGUE OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

1073- 79TH ST S.
 ST. PETERSBURG FL 33707
 US

P. O. BOX 7415
 ST PETERSBURG FL 33734
 US

C0033356



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4215 32ND AVE N

P.O. BOX 7415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Petersburg, FL

St Petersburg, FL

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33713

USA

33734

USA

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

LINDBERG, BETH
 1630 -14TH ST. N.
 SAINT PETERSBURG FL 33704

Name

PAMELA ARBISI

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

2007 MASSACHUSETTS AVE NE

City

St Petersburg

FL

Zip Code

33703

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

PAMELA ARBISI

PAMELA ARBISI

3-11-2001

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV PFIZENMAIR, SONIA 856 BEACH DR NE SAINT PETERSBURG FL 33704 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP LINDENBERG, BETH 1630 14TH ST N SAINT PETERSBURG FL 33704 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT SIMMONS, JOANNE 1091 79TH ST S SAINT PETERSBURG FL 33707 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RHODES, CONNIE 1234 -13TH ST N. SAINT PETERSBURG FL 33703 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | NIKKI MCQUEEN 930 40th Ave North St Petersburg, FL 33703 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PAMELA ARBISI 2007 MASSACHUSETTS AVE NE St Petersburg, FL 33703 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | THERESA MATHAIR 4215 32ND AVE N St Petersburg, FL 33713 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Beth Lindenberg 1630 14th St. N St Petersburg, FL 33704 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

JOANNE SIMMONS

3/11/01

381-2343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)