

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41801

1. Entity Name

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

Principal Place of Business

4215 32ND AVENUE NORTH
SAINT PETERSBURG FL 33713
US

Mailing Address

P. O. BOX 7415
ST PETERSBURG FL 33734
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

ARBISI, PAMELA
2007 MASSACHUSETTS AVE NE
SAINT PETERSBURG FL 33703

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

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 DV
NAME MCQUEEN, NIKKI
STREET ADDRESS 930 40TH AVENUE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME ARBISI, PAMELA
STREET ADDRESS 2007 MASSACHUSETTS AVE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PT
NAME MATTAIR, THERESA
STREET ADDRESS 4215 32ND AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33713

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME LINDENBERG, BETH
STREET ADDRESS 1630 14TH STREET N
CITY-ST-ZIP SAINT PETERSBURG FL 33704

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
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

Date

Daytime Phone #

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90013 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)