## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N43094**

1. Entity Name

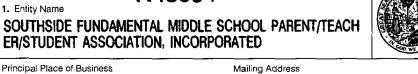


Secretary of State 05-05-2003 90296 010 \*\*\*\*61.25

FILED

May 05, 2003 8:00 am

SOUTHSIDE FUNDAMENTAL ER/STUDENT ASSOCIATION,	PARENT/TEACI



1701 10TH STREET SOUTH 1701 10TH STREET SOUTH ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 23-7628083 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARDIN, PETER Street Address (P.O. Box Number is Not Acceptable) 1701 10TH ST S ST. PETERSBURG FL 33705 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Addition TITLE Delete MACMATH, GARY NAME NAME STREET ADDRESS 1701 10TH STREET SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33705 Change ☐ Addition TITLE Delete TITLE GILLETT, ANNIE illett, Annie NAME NAME 901 Lansing St NE 4901 LANSING ST. NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33703 CiTY-ST-7IP to Petersbury Fr 33703 TITLE Delete TITLE ☐ Change ☐ Addition BARDIN, PETER NAME NAME STREET ADDRESS 1300 86TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33702 TITLE VPD Delete ☐ Change Addition TITLE GROVE, LISA NAME NAME Bercune, STREET ADDRESS 7830 17TH ST N STREET ADDRESS 4238 45 th St. So. St Petersburg FL CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete TITLE NAME NAME

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 of the receive 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 in of the corporation of the rece changed, or on an attachmer

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

NAME STREET ADDRESS

☐ Delete

Cottrill, Mandy

1998 Kansas Ave.

5+ Peter sbong

Change

☐ Addition