

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90137 015 \*\*\*\*61.25

**DOCUMENT # N43309**

1. Entity Name

**JUNGLE TERRACE CIVIC ASSOCIATION, INC.**



Principal Place of Business

**7101 36TH AVENUE NORTH  
ST. PETERSBURG FL 33710**

Mailing Address

**7101 36TH AVENUE NORTH  
ST. PETERSBURG FL 33710**

2. Principal Place of Business

**2275 80th. St. N.**

3. Mailing Address

**2275 80th. St. N.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

Zip

**33710**

Country

**Pinellas**

Zip

**33710**

Country

**Pinellas**

4. FEI Number **59-3067686**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PLICE, STEVEN**

**7101 36TH AVENUE NORTH  
ST. PETERSBURG FL 33710**

7. Name and Address of New Registered Agent

Name

**Thomas J. Killian**

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

**2275 80th. St. N.**

City

**St. Petersburg,**

FL

Zip Code

**33710**

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

*Thomas J. Killian*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-3-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SESSIONS, LINDA 7101 36TH AVENUE NORTH ST. PETERSBURG FL 33710</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD MITCHELL, MARY LOU 7101 36TH AVENUE NORTH ST. PETERSBURG FL 33710</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PLICE, STEVEN 7101 36TH AVE ST PETERSBURG FL 33710</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD KILLIAN, TOM 7101 36TH AVE N ST PETERSBURG FL 33710</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARTIN, JULIE 7101 36TH AVE N SAINT PETERSBURG FL 33710</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Killian Thomas J. 2275 80th. St. N. St. Petersburg, FL, 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD Meredith Richard 2275 80th. St. N. St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Sessions Linda 2275 80th. St. N. St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Mitchell Mary Lou 2275 80th. St. N. St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Plice Steven 2275 80th. St. N. St. Petersburg, FL 33710</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mouriski Linda 2275 80th. St. N. St. Petersburg, FL 33710</b>	<input checked="" 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: *Thomas J. Killian* **Thomas J. Killian 3-3-03 (727) 343-2041**

CR2E037 (10/02)