

DOCUMENT # N93000005341

1. Entity Name

ELITE SOCIAL CLUB OF ST. PETERSBURG, INC.

Principal Place of Business

Mailing Address

P O BOX 12081  
ST PETERSBURG FL 33733-2081  
US

P O BOX 12081  
ST PETERSBURG FL 33733-2081  
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

59-3213204

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

Name

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

City

FL

Zip Code

FOSTER, DAVID W  
555 FOURTH ST N  
ST PETERSBURG FL 33701

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 PD ☒ Delete  
NAME MCCREA, BERNARD  
STREET ADDRESS 4032-10TH AVE S  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE VD ☐ Delete  
NAME JENKINS, CYRUS  
STREET ADDRESS 1218 13TH AVE S  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE SD ☒ Delete  
NAME JACKSON, BETTY  
STREET ADDRESS 624-38TH ST S  
CITY-ST-ZIP ST PETERSBURG FL 33711

TITLE TD ☐ Delete  
NAME BOYD, SYLVIA  
STREET ADDRESS 1150- 10TH AVENUE SOUTH  
CITY-ST-ZIP ST PETERSBURG FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition  
NAME Jenkins, Cyrus  
STREET ADDRESS 1218 13th Ave. So.  
CITY-ST-ZIP St. Petersburg, FL. 33705

TITLE VD ☒ Change ☐ Addition  
NAME Jackson, Betty  
STREET ADDRESS 624-38th St. So.  
CITY-ST-ZIP St. Petersburg, FL. 33711

TITLE SD ☒ Change ☐ Addition  
NAME Walker, Jennifer  
STREET ADDRESS 1126 3rd Ave. No.  
CITY-ST-ZIP St. Petersburg, FL. 33705

TITLE TD ☐ Change ☐ Addition  
NAME Boyd, Sylvia  
STREET ADDRESS 1150- 10th Ave. So.  
CITY-ST-ZIP St. Petersburg, FL. 33705

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90076 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)