

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005567

1. Entity Name

THE COALITION CLUB OF PINELLAS COUNTY, FLORIDA.

Principal Place of Business

2700 6TH STREET S.
ST. PETERSBURG FL 33705
US

Mailing Address

2700 6TH STREET S.
ST. PETERSBURG FL 33705
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NELSON, ARLENDER
3644 3RD AVE. NO.
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name Juanita Parham
Street Address (P.O. Box Number is Not Acceptable)
2700 6th St SO
St. Petersburg FLA.
City FL Zip Code 33705

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

(NOTE: Registered Agent signature required when reinstating)

DATE 7-16-00

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	P	<input type="checkbox"/> Delete
NAME	PARHAM, J	
STREET ADDRESS	2700 654 S	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	V	<input type="checkbox"/> Delete
NAME	NELSON, A	
STREET ADDRESS	3644 3RD AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCNORTON, E	
STREET ADDRESS	4388 18TH AVE S	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DIXON, ANNIE K	
STREET ADDRESS	1834 44TH ST. S	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARTIN, SAMUEL	
STREET ADDRESS	330 26TH ST.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, ERNEST	
STREET ADDRESS	3000 9TH ST. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003338660--8	
STREET ADDRESS	-07/28/00--01008--001	
CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward L woods	
STREET ADDRESS	3821 10th ave so.	
CITY-ST-ZIP	ST. PETERSBURG FL 33711	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLORIA Parham	
STREET ADDRESS	2035 21st St SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Shaw	
STREET ADDRESS	2524 Imlay Ct. SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	000003338660--8	
STREET ADDRESS	-07/28/00--01008--002	
CITY-ST-ZIP	*****50.00 *****50.00	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Andrew Robinson	
STREET ADDRESS	2563 10th Ave SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Juanita Parham SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
00 JUL 27 AM 11:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E037 (5/00)