

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90088 049 ****61.25

0041704

DOCUMENT # N94000003579

1. Entity Name

THE OLD SOUTHEAST NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

216 21ST AVE S.E.
ST PETERSBURG FL 33705
US

216 21ST AVE S.E.
ST PETERSBURG FL 33705
US

2. Principal Place of Business

3. Mailing Address

176 21st AVE SE

176 21st AVE SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg, FL

St. Petersburg, FL

Zip

Country

Zip

Country

33705

Pinellas

33705

Pinellas

4. FEI Number

59-3256967

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

FUNARI, TOM
216 21ST AVE S.E.
ST PETERSBURG FL 33705

Name **Karl Nurse**

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

176 21st AVE SE

City

St. Petersburg

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

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	<input checked="" type="checkbox"/> Delete
NAME	FUNARI, TOM	
STREET ADDRESS	216 21ST AVE S.E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHAFER, DAVE	
STREET ADDRESS	165 19TH AVE SE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LASKY, CATHY	
STREET ADDRESS	255 20TH AVE S.E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HITCHCOCK, RICHARD	
STREET ADDRESS	126 16TH AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karl Nurse	
STREET ADDRESS	176 21st Ave SE	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barb Deggans	
STREET ADDRESS	1835 2nd ST S	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 officers and directors.

SIGNATURE:

Karl Nurse 2/18/02 727-572-9311

CR2E037 (9/01)