

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000001874**

1. Entity Name

CLASSY CATS SOCIETY INC.

Principal Place of Business

**4666 28TH AVENUE NORTH
ST PETERSBURG FL 33713**

Mailing Address

**4666 28TH AVENUE NORTH
ST PETERSBURG FL 33713**

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 **59-3317170**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KING, ELAINE
4666 28TH AVENUE NORTH
ST PETERSBURG FL 33713**

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

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
After September 12, 2001, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MILLIGAN, PATRICIA	
STREET ADDRESS	8775 58TH LANE NO.	
CITY-ST-ZIP	PINELLAS PARK FL 34666	

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARCHIOLO, VIRGINIA	
STREET ADDRESS	1862 ORANGEWOOD LANE	
CITY-ST-ZIP	SARASOTA FL 34232	

TITLE	SD	<input type="checkbox"/> Delete
NAME	KING, ELAINE	
STREET ADDRESS	4666 28TH AVE. NO.	
CITY-ST-ZIP	ST PETERSBURG FL 33713	

TITLE	TD	<input type="checkbox"/> Delete
NAME	RECHNITZ, PATRICIA	
STREET ADDRESS	5940 BALAO WAY NORTH	
CITY-ST-ZIP	ST PETE BCH FL 33706	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. KEITH MCDANIEL	
STREET ADDRESS	1732 - CLOVER CIRCLE	
CITY-ST-ZIP	MELBOURNE, FL 32935	

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		

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 like empowered.

SIGNATURE: *ELAINE KING* **ELAINE KING** 7/5/01 727-321-5028**FILED**
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90115 011 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)