

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002512

1. Entity Name

JUNETEENTH OF TAMPA BAY, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90377 021 \*\*\*\*61.25

Principal Place of Business

760-19TH AVENUE SOUTH  
ST. PETERSBURG FL 33705

Mailing Address

760-19TH AVENUE SOUTH  
ST. PETERSBURG FL 33705-2757

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

59-3247393

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

BLUE, JEANIE  
760-19TH AVENUE SOUTH  
ST. PETERSBURG FL 33705

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**

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 MILLS, CLARENCE  
STREET ADDRESS 2902 W. LEMON ST.  
CITY-ST-ZIP TAMPA FL

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

TITLE VPD ☐ Delete  
NAME CALLOWAY, MARY  
STREET ADDRESS 800-15TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

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

TITLE SD ☐ Delete  
NAME TOWNSEND, WATTS H  
STREET ADDRESS 4926 4TH VE S  
CITY-ST-ZIP ST PETE FL 33702

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

TITLE TD ☐ Delete  
NAME STARLING, JANICE L  
STREET ADDRESS 3600 27TH AVENUE S  
CITY-ST-ZIP ST. PETERSBURG FL 33711

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

TITLE PD ☐ Delete  
NAME PRICE, NADINE  
STREET ADDRESS 803-28TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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

TITLE ED ☐ Delete  
NAME BLUE, JEANIE  
STREET ADDRESS 760-19TH AVENUE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33705

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:

*Jeanie Blue* JEANIE Blue/Director 4/21/2000

727-821-3833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)