2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # N95000002512 1. Entity Name JUNETEENTH OF TAMPA BAY, INC. 04-24-2001 90314 043 ****61.25 Principal Place of Business Mailing Address 760-19TH AVENUE SOUTH 760-19TH AVENUE SOUTH ST. PETERSBURG FL 33705 ST. PETERSBURG FL 33705 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3247393 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П 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) BLUE, JEANIE 760-19TH AVENUE SOUTH ST. PETERSBURG FL 33705 City 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition Change Change TITLE ☐ Delete TITLE MILLS, CLARENCE NAME NAME STREET ADDRESS STREET ADDRESS 2902 W. LEMON ST. CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE VPD ☐ Defete TITLE ☐ Change Addition NAME CALLOWAY, MARY NAME STREET ADDRESS STREET ADDRESS 800-15TH STREET SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME TOWNSEND, WATTS H STREET ADDRESS 4926 4TH VE S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETE FL 33702 TD ☐ Delete TITLE ☐ Change ☐ Addition STARLING, JANICE L NAME NAME STREET ADDRESS 3600 27TH AVENUE S STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33711 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition PRICE, NADINE NAME STREET ADDRESS 803-28TH AVENUE SOUTH STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ST. PETERSSBURG FL 33705 TITLE ☐ Delete TITLE ☐ Addition BLUE, JEANIE NAME NAME STREET ADDRESS STREET ADDRESS 760-19TH AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33705

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 giber like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blue

4/18/2001

727-821-3833