

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90077 048 ****70.00

DOCUMENT # N95000003428

1. Entity Name
GREATER WOODLAWN NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 2220-12TH ST. NORTH ST. PETERSBURG FL 33704	Mailing Address 2220-12TH ST. NORTH ST. PETERSBURG FL 33704-3102
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3316653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**PALOZZI, MICHAEL
 2220-12TH ST., NORTH
 ST. PETERSBURG FL 33704**

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 *Michael Palozzi*
 Signature, typed or printed name of registered agent and fee 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. **old** OFFICERS AND DIRECTORS

TITLE D	NAME LAIRD, KEITH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1161 23RD AVE NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33704	
TITLE PD	NAME PALOZZI, MIKE	<input type="checkbox"/> Delete <i>Becomes President</i>
STREET ADDRESS 2220-12TH ST., NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33704	
TITLE TD Treasurer/Director	NAME ROBERTS, PEGGY	<input type="checkbox"/> Delete
STREET ADDRESS 2617-14TH ST. NORTH	CITY-ST-ZIP ST. PETERSBURG FL 33704	
TITLE SD	NAME SAFKO, LISA	<input checked="" type="checkbox"/> Delete <i>Delete.</i>
STREET ADDRESS 1119-25TH AVE	CITY-ST-ZIP ST. PETERSBURG FL 33704	
TITLE VB	NAME CONLEY, RANDALL	<input type="checkbox"/> Delete <i>Keep.</i>
STREET ADDRESS 2210 12TH ST., NORTH	CITY-ST-ZIP ST. PETERSBURG 33 33704	

11. **New** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President/Director	NAME Michael Palozzi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2220 12th St. N.	CITY-ST-ZIP St. Petersburg FL 33704	
TITLE Vice President/Director	NAME Cathy Wilson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1182 24th Ave, N	CITY-ST-ZIP St. Petersburg 33704	
TITLE Director	NAME William Overcast	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2435 Woodlawn Circle, E	CITY-ST-ZIP St. Petersburg 33704	
TITLE Director	NAME Thomas Callahan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1194 24th Ave N	CITY-ST-ZIP St. Petersburg 33704	

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: *Michael Palozzi* **3/13/00** **800 477 7275**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)