

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

06-09-2003 90106 030 \*\*\*\*61.25

**DOCUMENT # N96000000537**

1. Entity Name  
**SATURDAY IN THE CITY, INC.**



Principal Place of Business  
133 N. FT. HARRISON  
CLEARWATER, FL 33755 US

Mailing Address  
133 N. FT. HARRISON  
CLEARWATER, FL 33755 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**59-3442890**

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

WINTERS, ELISE K  
133 N. FT. HARRISON  
CLEARWATER, FL 33755

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME ~~WHITE, DEBBIE~~  
STREET ADDRESS ~~502 GEORGETOWN PLACE~~  
CITY-ST-ZIP ~~SAFETY HARBOR, FL 34695~~

TITLE ☒ Delete  
NAME ~~LEYSHOCK, DENISE~~  
STREET ADDRESS ~~28 SOUTHWIND DRIVE~~  
CITY-ST-ZIP ~~BELLEAIR BLUFFS, FL 33530~~

TITLE ☐ Delete  
NAME DP  
FERNANDEZ, PATRICIA D  
STREET ADDRESS 301 HILLCREST DR. N  
CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Delete  
NAME DV  
Rita Garvey  
STREET ADDRESS 1550 Ridgewood Street  
CITY-ST-ZIP Clearwater, FL 33755

TITLE ☐ Delete  
NAME DT  
Linda Wilkinson  
STREET ADDRESS 323 Meadow Lark Lane  
CITY-ST-ZIP Clearwater, FL 33759

TITLE ☐ Delete  
NAME DS  
Edie Balistreri  
STREET ADDRESS 5701 38th Avenue North  
CITY-ST-ZIP St. Petersburg, FL 33710

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/03

727)442-3888

CR2E037 (10/02)