

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003369

1. Entity Name

WILDWOOD HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90036 014 ****61.25

Principal Place of Business

Mailing Address

2436 9TH AVENUE SOUTH
ST. PETERSBURG FL 33712

2436 9TH AVENUE SOUTH
ST. PETERSBURG FL 33712-2106

2. Principal Place of Business

2520-12th AVE SO.

3. Mailing Address

2520-12th AVE SO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3427548

Applied For

Not Applicable

Zip

33712

Country

USA

Zip

33712

Country

USA

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

HAMMOND, JEAN MS
2436 9TH AVENUE SOUTH
ST. PETERSBURG FL 33712

Name

DAVID BROWN, JR.

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

2520-12th AVE SO.

ST. PETERSBURG, FL 33712

City

FL

Zip Code

33712

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

David Brown, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9 March 00

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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | BROWN, DAVID | |
| STREET ADDRESS | 2520 12TH AVENUE SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | BENNETT, EULA | |
| STREET ADDRESS | 2444 14TH AVENUE SOUTH | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TORRENCE, BERNEICE | |
| STREET ADDRESS | 2727 14TH AVE S. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | EVERETTE, CYRUS | |
| STREET ADDRESS | 2457 14TH AVE. S. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SANCHEZ, CHOCILE | |
| STREET ADDRESS | 2560 13TH AVE. S. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33712 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | HENRY, HELEN | |
| STREET ADDRESS | 2601 14TH AVE SO. | |
| CITY-ST-ZIP | ST PETERSBURG FL 33712 | |

| | | |
|----------------|--------------------------------|---|
| TITLE | DAVID BROWN, JR. | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 2436-9 th AVE SOUTH | |
| STREET ADDRESS | ST. PETERSBURG, FL 33712 | |
| 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 | JOHNNY, ROBERSON | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T. 2476-MELROSE AVE SO. | |
| STREET ADDRESS | ST. PETERSBURG, FL 33712 | |
| 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:

David Brown, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9 March 00

CR2E037 (9/99)