

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90005 034 ****61.25

DOCUMENT # N96000003369

1. Entity Name

WILDWOOD HEIGHTS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

2520 12TH AVE S
 ST. PETERSBURG FL 33712

Mailing Address

2520 12TH AVE S
 ST. PETERSBURG FL 33712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427548

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

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

BROWN JR, DAVID
 2520 12TH AVE S
 ST. PETERSBURG FL 33712

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

David Brown

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

(NOTE: Registered Agent signature required when reinstating)

19 June 2001

DATE

FILE NOW:
FEES 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAMMOND, JEAN MS	
STREET ADDRESS	2436 9TH AVE S	
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	T	<input type="checkbox"/> Delete
NAME	ROBERSON, JOHNNY	
STREET ADDRESS	2476 MELROSE 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 01 727-321-0667

Date

Daytime Phone #

CR2E037 (10/00)