

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.

(Handwritten initials)

Principal Place of Business

Mailing Address

2520 12TH AVE S
 ST. PETERSBURG FL 33712

2520 12TH AVE S
 ST. PETERSBURG FL 33712

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

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 Jr

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|---------------------------------|
| 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 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April 01 727-321-0607
 Date Daytime Phone #

CR2E037 (10/00)