

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000003002**

1. Entity Name

LAKE PASADENA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

6261 3RD AVE N
ST. PETERSBURG FL 33710
US

Mailing Address

6261 3RD AVE N
ST. PETERSBURG FL 33710
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3450545

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CASLER, FRAN
6448 LAKE SHORE DRIVE NORTH
ST PETERSBURG FL 33710

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. 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** ☐ Delete
NAME **CASLER, FRAN**
STREET ADDRESS **6448 LAKE SHORE DR N**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE **P** ☐ Delete
NAME **WHITE, CLEMENT H**
STREET ADDRESS **6261 THIRD AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33710**TITLE **TS** ☐ Delete
NAME **GIBSON, LEWIS**
STREET ADDRESS **220-62ND ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33710**TITLE **VP** ☐ Delete
NAME **CRAIG, JAMES M**
STREET ADDRESS **6200 3RD AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE **D** ☒ Delete
NAME **NICHOLS, STEVE**
STREET ADDRESS **6335 LAKESHORE DRIVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition
NAME **CASLER, Fran**
STREET ADDRESS **6448 LAKE SHORE DR N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**TITLE **S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☒ Change ☐ Addition
NAME **GIBSON, LEWIS**
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **FALL, ROBERT**
STREET ADDRESS **333 PALM LANE N**
CITY-ST-ZIP **ST. PETERSBURG, FL 33710**

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 information required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2001 727-343-2121

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)