

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90096 034 ****61.25

0042258

DOCUMENT # N97000003002

1. Entity Name

LAKE PASADENA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6261 3RD AVE N
ST. PETERSBURG FL 33710
US**

**6261 3RD AVE N
ST. PETERSBURG FL 33710
US**

719417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3450545

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

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

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 \$61.25

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 **VPD** ☐ Delete
NAME **CASLER, FRAN**
STREET ADDRESS **6448 LAKE SHORE DR N**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **WHITE, CLEMENT H**
STREET ADDRESS **6261 THIRD AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

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

TITLE **T** ☒ Delete
NAME **GIBSON, LEWIS**
STREET ADDRESS **220 62ND ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **VP** ☐ Change ☒ Addition
NAME **KNIPPEN, JANE**
STREET ADDRESS **6369 Lake Shr Dr N**
CITY-ST-ZIP **St. Petersburg, FL 33710**

TITLE **D** ☐ Delete
NAME **CRAIG, JAMES M**
STREET ADDRESS **6200 3RD AVE N**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

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

TITLE **D** ☐ Delete
NAME **FALL, ROBERT**
STREET ADDRESS **333 PALM LANE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33710**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **YANCEY, ROBERTA**
STREET ADDRESS **5942 Burlington avenue 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 like empowered.

SIGNATURE: *[Signature]* **Clement H. White, Secretary** **15 Jan 2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)