

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003102

1. Entity Name

LEAH'S HANDICAP PLAYGROUND MEMORIAL, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90107 004 \*\*\*\*70.00

Principal Place of Business

4227 2ND AVENUE NORTH  
 ST. PETERSBURG FL

Mailing Address

4227 2ND AVENUE NORTH  
 ST. PETERSBURG FL 33713-8211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3452984

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

GIRAUD, MARILYN  
 4227 2ND AVENUE NORTH  
 ST. PETERSBURG FL

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          | PD                      | <input type="checkbox"/> Delete |
| NAME           | GIRAUD, MARILYN         |                                 |
| STREET ADDRESS | 4227 2ND AVENUE NORTH   |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33713 |                                 |
| TITLE          | VD                      | <input type="checkbox"/> Delete |
| NAME           | MOONEY, MARY            |                                 |
| STREET ADDRESS | 2360 7TH AVENUE NORTH   |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33713 |                                 |
| TITLE          | TD                      | <input type="checkbox"/> Delete |
| NAME           | DELOACHE, MARY E        |                                 |
| STREET ADDRESS | 4623 ALISA CIRCLE, NE   |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33703 |                                 |
| TITLE          | SD                      | <input type="checkbox"/> Delete |
| NAME           | HANNON, CAROL A         |                                 |
| STREET ADDRESS | 3704 37TH STREET NORTH  |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL 33713 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| 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    |   |
| 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: *Marilyn Giraud* 3/3/00-727-323-7003  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)