

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004737

1. Entity Name

SAINT PETERSBURG BOTANIC SOCIETY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90102 042 ****61.25

Principal Place of Business

~~725 FOURTH STREET NORTH~~
ST. PETERSBURG FL 33701

Mailing Address

P.O. Box 1930
~~725 FOURTH STREET NORTH~~
ST. PETERSBURG FL 33731-1930

2. Principal Place of Business

700-10th AVE S.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1930

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

4. FEI Number

59-3464644

Applied For

Not Applicable

Zip

33701

Country

Zip

337033731

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEWELL, JOHN F

~~725 FOURTH STREET NORTH~~
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700-10th AVENUE SOUTH

City

St Petersburg

FL

Zip Code

33701

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

May 1, 2000

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ROMAN, DEBRA L
CITY-ST-ZIP 700 TENTH AVE. SOUTH
ST PETERSBURG FL 33701

TITLE ☐ Delete
NAME D
STREET ADDRESS JEWELL, JOHN F
CITY-ST-ZIP ~~725 FOURTH ST N~~
ST PETERSBURG FL 33701

TITLE ☒ Delete
NAME ARSENAULT, RAY P
STREET ADDRESS 767 36TH AVENUE N
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 700 TENTH AVE SOUTH
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME SARAH R MCLEOD
STREET ADDRESS DIRECTOR
CITY-ST-ZIP 809 Prospect Court S
St Pete FL 33701

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

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

727-894-7727

Date

Daytime Phone #

CR2EQ17 (3/9/97)