

' 2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000004737**

1. Entity Name

SAINT PETERSBURG BOTANIC SOCIETY, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90231 011 *****61.25

0062549

Principal Place of Business

**700 10TH AVE S
ST. PETERSBURG FL 33701**

Mailing Address

**PO BOX 1930
ST. PETERSBURG FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3464644

Applied For

Not Applicable

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

**JEWELL, JOHN F
700 10TH AVE SOUTH
ST PETERSBURG FL 33701**

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ROMAN, DEBRA L 700 TENTH AVE. SOUTH ST PETERSBURG FL 33701	<input type="checkbox"/>		<input type="checkbox"/>
D JEWELL, JOHN F 700 TENTH AVE S ST PETERSBURG FL 33701	<input type="checkbox"/>		<input type="checkbox"/>
D ARSENault, RAY P 767 36TH AVENUE N ST PETERSBURG FL 33704	<input checked="" type="checkbox"/>		<input type="checkbox"/>
D MCLEOD, SARAH R 809 PROSPECT COURT S SAINT PETERSBURG FL 33701	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John F. Jewell 4-19-2001 727-894-2718

CP2E037 (10/00)