2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State DOCUMENT # N97000007073 1. Entity Name CAMPBELL PARK TENNIS CLUB, INC. 05-02-2000 90039 005 ****61.25 Principal Place of Business Mailing Address 1043 - 19TH AVE SOUTH 1043 - 19TH AVE SOUTH ST PETERSBURG FL 33705 ST PETERSBURG FL 33705-2624 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3493688 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PARHAM, ALMA G 1043 - 19TH AVE SOUTH ST PETERSBURG FL 33705 Zip Code City FL 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. printed name of registered agent and titl (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Change ☐ Delete TITLE SENIOR, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 725 8TH ST SOUTH ST PETERSBURG FL 33705 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE PARHAM, ALMA G NAME NAME STREET ADDRESS STREET ADDRESS 1043 - 19TH AVE SOUTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33705 ☐ Addition Change TITLE Delete TITLE Ph=llips ALARIE PERRY, CHONTELL NAME NAME 5416 28th St South APT- 104 601 14TH ST SOUTH STREET ADDRESS STREET ADDRESS ST PETERSBURG, FL 33712 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33705 M Delete TITLE Change Addition TITLE 1600 BUTLER, SHARON NAME 1s+ STREET ADDRESS STREET ADDRESS 1425 JAMES AV SO CITY-ST-ZIP Petersburg, FL CITY-ST-ZIE ST PETERSBURG FL 33701 **Z**Delete TITLE Change Addition TITLE WHITE, TERRY NAME NAME STREET ADDRESS 3787 2154 STREET ADDRESS 811 9TH AVE. SO. CITY-ST-ZIP CITY-ST-7IE St PETERS BUT ST PETERSBURG FL 33701 Change ☐ Delete TITLE Addition TD TITLE ROUNDTREE, NATHANIEL NAME NAME STREET ADDRESS STREET ADDRESS 4615 COLUMBUS WAY SO CITY-ST-71P CITY-ST-ZIP ST PETERSBURG FL 33712 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

an address, with all other like empowered.