

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000000273**

1. Entity Name

**PRESERVE OUR PARKS (ST. PETERSBURG), INC.**

Principal Place of Business

**4427 CENTRAL AVE.  
ST. PETERSBURG FL 33713**

Mailing Address

**4427 CENTRAL AVE.  
ST. PETERSBURG FL 33713**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JAMES, A, W  
216 MIRROR LAKE DR. N.  
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ORPHANIDYS, JOHN	
STREET ADDRESS	4427 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	

TITLE	D	<input type="checkbox"/> Delete
NAME	GREUNINGER, ROBIN	
STREET ADDRESS	8021 36 AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

TITLE	D	<input type="checkbox"/> Delete
NAME	DEINS, SUSAN	
STREET ADDRESS	2436 BOCA CIEGA DR. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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.

**JOHN A. ORPHANIDYS**

SIGNATURE:

**SIGNATURE REQUIRED**

1-3-00

727-323-4000

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90082 027 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)