

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002342

1. Entity Name

THE EUCLID HEIGHTS NEIGHBORHOOD ASSOCIATION, INC

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90126 050 ****70.00

Principal Place of Business

ROBERTS ADULT CENTER
1330 50TH AVE NO
SAINT PETERSBURG FL 33703
US

Mailing Address

P. O. BOX 76101
SAINT PETERSBURG FL 33703
US

2. Principal Place of Business

First Alliance Church
Suite, Apt. #, etc.
5000 10th ST NO.

3. Mailing Address

Suite, Apt. #, etc.

City & State
St Petersburg FL

City & State

Zip Country
33703 Pinellas

Zip

Country

4. FEI Number 59-3596579

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TOMLINSON, RACHEL
5531 11TH ST NO
SAINT PETERSBURG FL 33703

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 Rachel Tomlinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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 D ☐ Delete
NAME MOLTERE, SUSAN
STREET ADDRESS 5830 13TH ST N
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE S ☐ Delete
NAME TOMLINSON, RACHEL
STREET ADDRESS 5531 11TH ST NO
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE T ☐ Delete
NAME HAMILTON, GEN
STREET ADDRESS 1101 48TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ Delete
NAME NORTH, JOYCE
STREET ADDRESS 1500 50TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE D ☐ Delete
NAME STUBBINS, DELORES
STREET ADDRESS 1138 52 AVE NO
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE P ☐ Delete
NAME SIMONS, JAMES
STREET ADDRESS 1512 57TH AVE NO
CITY-ST-ZIP ST PETERSBURG FL 33703

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President ☒ Change ☐ Addition
NAME DEAN Bolvin
STREET ADDRESS 1400 57th Ave NO
CITY-ST-ZIP St Petersburg FL 33703

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

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

TITLE ☐ Change ☐ Addition
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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: Rachel Tomlinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 7275261825

CR2E037 (10/00)