

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90454 015 ****61.25

DOCUMENT # N98000002342

1. Entity Name
THE EUCLID HEIGHTS NEIGHBORHOOD ASSOCIATION, INC



Principal Place of Business

**FIRST ALLIANCE CHURCH
5000 10TH ST N.
SAINT PETERSBURG FL 33703
US**

Mailing Address

**P. O. BOX 76101
SAINT PETERSBURG FL 33703
US**

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 **59-3596579**

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **D** ☒ Delete
NAME **HAMILTON, GEN**
STREET ADDRESS **1101-48TH AVE-NO**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE ☐ Change ☐ Addition
NAME **DEAN BOLVIN**
STREET ADDRESS **1400-57 AVE NO**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **S/T** ☒ Delete
NAME **NORTH, JOYCE**
STREET ADDRESS **1500 50TH AVE NO**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

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

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

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

TITLE **P** ☐ Delete
NAME **FERRARI, MICK P**
STREET ADDRESS **982 50TH AVENUE NORTH**
CITY-ST-ZIP **ST PETERSBURG FL 33703**

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]* **PRES** **2/6/03** **520-8899**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)