

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90065 016 ****61.25

DOCUMENT # N99000000744

1. Entity Name

SOROPTIMIST INTERNATIONAL OF ST. PETERSBURG, FLO

Principal Place of Business

Mailing Address

7849 10TH AVE. SOUTH
 ST. PETERSBURG FL 33707

7849 10TH AVE. SOUTH
 ST. PETERSBURG FL 33707-2701

DUUJ5600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

890 115TH AVE.

890 115TH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TREASURE ISLAND, FL TREASURE ISLAND, FL

Zip

Country

Zip

Country

33706

Pinellas

33706

Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, LOIS
7849 10TH AVE. SOUTH
ST. PETERSBURG FL 33707

Name **MARILYN WAMBOLD**

Street Address (P.O. Box Number is Not Acceptable)

890 115TH AVE

City **TREASURE ISLAND, FL**

Zip Code

33706

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	DP CRISSIP, JUDY 240 44TH AVE.N.E. ST.PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CUSICK, NANCY 7215 55TH AVE. NORTH ST. PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLASSEN, LIL 8037 ELBOW LANE NORTH ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, LOIS 7849 10TH AVE. SOUTH ST. PETERSBURG FL 33707	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WAMBOLD, MARILYN 890 115TH AVE. TREASURE ISLAND FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFCOAT, ANN 880 115TH AVE. TREASURE ISLAND FL 33706	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRESPONDING SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHARLENE MUSSEY 9813 PORTSIDE DR. SEMINOLE, FL 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

2-13-00 (727) 545-8041

CR2E037 (9/99)