

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000807**

1. Entity Name

CAMPBELL PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

**601 14TH ST SOUTH
ST PETERSBURG FL 33706**

Mailing Address

**Campbell Park Neighborhood Association
P.O. Box 1008
St. Petersburg, FL. 33731**

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

59-3547592

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BERRY, IVETA M
1001 10TH AVE SOUTH
ST PETERSBURG FL 33705**

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	BERRY, IVETA M	
STREET ADDRESS	1001 10TH AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	

TITLE	SD	<input type="checkbox"/> Delete
NAME	JENKINS, GARNELLE	
STREET ADDRESS	1508 13TH AVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	

TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERTA	
STREET ADDRESS	951 9TH AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	

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
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90021 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)