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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 706582

1. Corporation Name

THE UPPER PINELLAS ASSOCIATION FOR RETARDED CITIZENS, INC.

Principal Place of Business

1501 N. BELCHER ROAD  
CLEARWATER FL 34625

Mailing Address

1501 N. BELCHER ROAD  
CLEARWATER FL 34625



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

12/20/1963

4. FEI Number

59-1056551

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BUCKLEY, THOMAS J.  
1501 N. BELCHER ROAD  
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE M ☐ DELETE  
NAME BUCKLEY, THOMAS  
STREET ADDRESS 6204 BROOK HOLLOW CT  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE  
NAME BLANKMAN, MARJORIE  
STREET ADDRESS 1471 BAYVIEW DRIVE  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE  
NAME ALLISON, ROBERT  
STREET ADDRESS 330 PROMENADE DRIVE  
CITY-ST-ZIP DUNEDIN FL

TITLE D ☐ DELETE  
NAME LEWIS, MICHAEL  
STREET ADDRESS 33 NORTH GARDEN AVENUE #800  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE  
NAME JAMIESON, HARRY  
STREET ADDRESS 301 JASMINE WAY  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Thomas Buckley

1/11/99

(727)799-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)