

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90093 050 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 717850

1. Entity Name

PINELLAS PARK ART SOCIETY, INC.

Principal Place of Business

Mailing Address

5795 PARK BLVD.
 PINELLAS PARK FL 34065

5795 PARK BLVD.
 PINELLAS PARK FL 33781-3332

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2181390

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

HODGES, NANCY
6825 38TH ST N
PINELLAS PARK FL 33781

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HODGES, NANCY	
STREET ADDRESS	6825 38TH ST N	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANIELS, STEVE	
STREET ADDRESS	4597 HURON RD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33709	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOWRY, RUTH	
STREET ADDRESS	7801 11TH ST N #102	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ELEANOR, ADAMO	
STREET ADDRESS	5865 37TH AVE. N. #20	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARDENA FERGUSON	
STREET ADDRESS	7680 54TH ST. N.	
CITY-ST-ZIP	PINELLAS PARK FL 33781	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BURGESS, THERESA	
STREET ADDRESS	5251 N 92 TERR	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
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

[Handwritten Signature]

3/6/00 (727) 525-2153
 Date Daytime Phone **8222**

CR2E037 (9/99)