

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 19, 2001 8:00 am**  
**Secretary of State**

07-19-2001 90236 040 \*\*\*\*61.25

**DOCUMENT # 717850**  
 1. Entity Name  
**PINELLAS PARK ART SOCIETY, INC.**

*PK*

Principal Place of Business 5795 PARK BLVD. PINELLAS PARK FL 33781-3332	Mailing Address 5795 PARK BLVD. PINELLAS PARK FL 34665
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-2181390</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  
**HODGES, NANCY**  
**6825 38TH ST N**  
**PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State: <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HODGES, NANCY 6825 38TH ST N PINELLAS PARK FL 33781	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DANIELS, STEVE 4597 HURON RD SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOWRY, RUTH 7801 11TH ST N #102 SAINT PETERSBURG FL 33702	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ELEANOR, ADAMO 5865 37TH AVE. N. #20 ST. PETERSBURG FL 33710	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARDENA FERGUSON 7660 54TH ST. N. PINELLAS PARK FL 33781	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BURGESS, THERESA 5251 N 92 TERR PINELLAS PARK FL 33782	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SD MONA JOHNSON 1601 43rd St. N. #112 ST. PETERSBURG, FL 33713	<input checked="" 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	TD RUTH LOWRY 7801 11th St. N. #102 St. Petersburg, FL 33702	<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: *NANCY HODGES* 7/19/01 525-2153

CR2E037 (5/01)