

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90203 035 ****61.25

DOCUMENT # 735730

1. Entity Name
PINELLAS COUNTY URBAN LEAGUE, INC.



Principal Place of Business

**333 31ST STREET NORTH
ST. PETERSBURG FL 33713**

Mailing Address

**333 31ST STREET NORTH
ST. PETERSBURG FL 33713**

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 **59-1665523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SIMMONS, JAMES O.
333 31ST STREET NORTH
ST. PETERSBURG FL 33713**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	WATSON, JOHN	
STREET ADDRESS	780 CARILLON PKWY STE 400	
CITY-ST-ZIP	SAINT PETERSBURG FL 33716	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TERRY, REV. FREDERICK	
STREET ADDRESS	2830 22 AVENUE SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GUEST, JOHN M.	
STREET ADDRESS	8545 126TH AVE NO	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUY, RUPERT	
STREET ADDRESS	880 CARILLON PKWY	
CITY-ST-ZIP	ST PETERSBURG FL 33733	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARTER, ROBERT J	
STREET ADDRESS	535 CENTRAL AVENUE SUITE 301	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SIMMONS, JAMES O	
STREET ADDRESS	333 31ST ST. N	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bronson, Jerri	
STREET ADDRESS	2530 Drew Street	
CITY-ST-ZIP	Clearwater, Florida 33765	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Feder, Eric	
STREET ADDRESS	701 6th Street South	
CITY-ST-ZIP	St. Petersburg, Florida 33701	
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		
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:

James O. Simmons
SIGNATURE REQUIRED

James O. Simmons 2/06/03 (727) 327-2081

Date

Daytime Phone #

CD02037 (10/02)