2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90002 018 ****70.00

DOCUMENT # 742593

1. Entity Name

PINELLAS GEOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
2440 SOUTHSHORE DR SE SAINT PETERSBURG FL 33705-3331 US	P.O. BOX 6263 CLEARWATER FL 34618 US

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	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFFIELD, HUGH
2440 SOUTHSHORE DR SE
SAINT PETERSBURG FL 33703-3331

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 Hugh Sheffield HUGH SHEFFIELD TREASURER 3/26/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHEFFIELD, HUGH 2440 SOUTHSHORE DR SE ST PETERSBURG FL 33705	☒ Delete	TITLE P NAME GLORIA MARKS STREET ADDRESS 2506 COUNTRYSIDE PINES DR CITY-ST-ZIP CLEARWATER FL 33761	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FLEDHOUSE, LEONA 2440 SOUTHSHORE DR SE ST PETERSBURG FL 33705	☒ Delete	TITLE VP NAME DELMAR MARKS STREET ADDRESS PO Box 6263 CITY-ST-ZIP Clearwater FL 34618	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GOLDMAN, ESTHER 2351 IRISH LANE #29 CLEARWATER FL 34623	☒ Delete	TITLE S NAME LEONA SHEFFIELD STREET ADDRESS 2440 SOUTHSHORE DR SE CITY-ST-ZIP ST. PETERSBURG FL 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROBERTS, DON 3046 IBIS COURT CLEARWATER FL 33762	☒ Delete	TITLE TD NAME HUGH SHEFFIELD STREET ADDRESS 2440 SOUTHSHORE DR SE CITY-ST-ZIP ST. PETERSBURG, FL 33705	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABEL, MARY 2617 COVE CAY DRIVE #206 CLEARWATER FL 33760	☒ Delete	TITLE D NAME SUZANNE FRONCZAK STREET ADDRESS 2717 SEVILLE BLVD. Apt 9202 CITY-ST-ZIP CLEARWATER FL 33764	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLACK, SUE 8136 22ND AVE., N. ST. PETERSBURG FL 33710	☒ Delete	TITLE D NAME ANN SCOFIELD STREET ADDRESS 2114 NOLAN DR CITY-ST-ZIP LARGO FL 33770	☒ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED Hugh Sheffield HUGH SHEFFIELD Treasurer 3/26/02 (727)894-2440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #