# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2/00-90119-009-$150.00-$150.00

DOCUMENT # M78581

N/C

1. Entity Name

~~MANAGEMENT RECRUITERS OF NORTH PINELLAS COUNTY,~~
Helen Gleason INC. 11/22/99

FILED
00 MAR 23 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| ~~1305 S. MICHIGAN~~<br>~~CLEARWATER FL 33756~~<br>~~US~~ | P.O. BOX 7711<br>CLEARWATER FL 33758-7711<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 953 South Bayshore | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Clearwater FL | City & State |
| Zip: 33767 Country: USA | Zip / Country |

4. FEI Number 58-1787570 ☐ 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 |
|---|---|
| ~~STROHAUER, GARY N.~~<br>~~1150 CLEVELAND ST~~<br>~~SUITE 800~~<br>~~CLEARWATER FL 33755~~<br>STROHAUER, GARY N.<br>1150 Cleveland St.<br>Ste 800<br>Clearwater FL 33755 | Name [redacted]<br>[redacted] MCCORMICK DR<br>[redacted]<br>City [redacted] FL [redacted] |

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. (Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS $150.00**
**After MAY 1, 2000 Fee will be $550.00**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GLEASON, HELEN<br>P.O. BOX 7711 N/A<br>CLEARWATER FL | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>NOVAK, GERTRUDE W<br>4901 MCANULTY DRIVE<br>PITTSBURGH PA 15236 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition<br>LS |

CR2E034 (9/99)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** ~~Helen Gleason~~ Helen Gleason 1/10/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 727-724-4202