

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

**FILED**  
**Mar 06, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90095 034 \*\*\*\*61.25

**DOCUMENT # N00000008317**

1. Entity Name  
**PINEWOOD CO-OP, INC.**



Principal Place of Business      Mailing Address  
**10441 GANDY BLVD**      **10441 GANDY BLVD**  
**SAINT PETERSBURG FL 33702**      **SAINT PETERSBURG FL 33702**

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 **59-3688229**      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**

**7. Name and Address of New Registered Agent**

**MCLACHIAN, BRYAN K**  
**7985 113TH STREET NORTH**  
**SUITE 7427**  
**SEMINOLE FL 33775**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>MAGNUSON, GLENN</b> <b>10795 WALNUT STREET NE</b> <b>SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ANGUS, ROBERT</b> <b>10879 WALNUT STREET NE</b> <b>SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>WALSH, JOY</b> <b>10524 POPLAR STREET NE</b> <b>SAINT PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMAS, FRANK</b> <b>10506 WALNUT STREET NE</b> <b>SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BEDARD, JULIE</b> <b>10831 WALNUT STREET NE</b> <b>SAINT PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANKLIN, GEORGE</b> <b>10692 WALNUT STREET NE</b> <b>SAINT PETERSBURG FL 33716</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARGARET DRISCOLL</b> <b>10930 WALNUT STREET NE</b> <b>ST. PETERSBURG, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>JULIE BEDARD</b> <b>10831 WALNUT STREET NE</b> <b>ST. PETERSBURG, FL 33716</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROBERT SCHULTZ</b> <b>10764 POPLAR STREET NE</b> <b>ST. PETERSBURG, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBERT WILSON</b> <b>10901 POPLAR STREET NE</b> <b>ST. PETERSBURG, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHN DOUGLAS</b> <b>10878 POPLAR STREET NE</b> <b>ST. PETERSBURG, FL 33716</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NATE ANDERSEN</b> <b>10924 POPLAR STREET NE</b> <b>ST. PETERSBURG, FL 33716</b>	<input type="checkbox"/> Change <input checked="" 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: *[Signature]*      **SIGNATURE REQUIRED**      2/21/03 727-576-1348

CR2E037 (10/02)