

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000678

1. Entity Name

Pinellas Cares, Inc.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90113 007 ****70.00

Principal Place of Business

Mailing Address

5959 Central Ave
Suite 200
St. Petersburg, FL 33710

P.O. Box 11538
St. Petersburg, FL 33733

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEL Number
59-3355555

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

Olsen, Susan
666 Sixth Street South, Suite 116
St. Petersburg, FL 33701

Name Susan Blackburn
Street Address (P.O. Box Number is Not Acceptable)
333 Third Ave. North
City St. Petersburg FL Zip Code 33701

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 *Susan Blackburn* Susan Blackburn, President 4-13-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	☒ Delete
NAME	Olsen, Susan L.	
STREET ADDRESS	800 Snell Isle Blvd. NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	VD	☒ Delete
NAME	Reich, Karen G	
STREET ADDRESS	1200 7th Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	STD	☒ Delete
NAME	Gordon, Judith F.	
STREET ADDRESS	9029 Baywood Park Drive	
CITY-ST-ZIP	Seminole, FL 34647	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	Susan Blackburn	
STREET ADDRESS	333 Third Ave. North	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	VP	☐ Change ☒ Addition
NAME	Robert M. Eschenfelder	
STREET ADDRESS	6218 Palm Del Mar Blvd.	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	Secretary	☐ Change ☒ Addition
NAME	Karen Reich	
STREET ADDRESS	1200 7th Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33705	
TITLE	Director	☐ Change ☒ Addition
NAME	Robert E. Greene	
STREET ADDRESS	6798 Crosswinds Dr. N. Ste B108	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	Director	☐ Change ☒ Addition
NAME	Debbie Rowland	
STREET ADDRESS	3534 4th Ave. N.	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	Executive Director	☐ Change ☒ Addition
NAME	Cynthia Fox	
STREET ADDRESS	5959 Central Ave. Ste 200	
CITY-ST-ZIP	St. Petersburg, FL 33710	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Cynthia A. Fox Cynthia A. Fox 4/12/2000 550-4033

CR2E037 (9/99)