05-01-2002 91521 045 ****70.00
N96000000678
FILED
02 JUN 19 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30286

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

DOCUMENT # N96000000678 ✓

1. Entity Name

Pinellas Cares, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11457 Ulmerton Rd.	P. O. Box 5164
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Largo, FL	City & State: Largo, FL
Zip: 33778 Country:	Zip: 33779 Country:

4. FEI Number: 59-3355555 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Karen Williams Seel

Street Address (P.O. Box Number is Not Acceptable): Pinellas County Commission, 315 Court Street

City: Clearwater FL Zip Code: 33752

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: Karen Williams Seel 4/10/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President "D" Karen Williams Seel 315 Court Street ~~Clearwater, FL 33752~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President "D" George Catanese 880 Carillon Parkway St. Petersburg, FL 33733
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary "D" Marion Rich 2135 Camden Way Clearwater, FL 33759
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer "D" Covington Sharp 1150 Cleveland Street Clearwater, FL 33752
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

AG 6/19

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia Fox Executive Director 4/5/02 (727)518-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #