

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90001 050 ****70.00

0063616

DOCUMENT # N99000006275

1. Entity Name

PINELLAS EX-OFFENDER RE-ENTRY COALITION, INC.

Principal Place of Business

Mailing Address

**14605-49TH ST. N. #3
 CLEARWATER FL 33762**

**14605-49TH ST. N. #3
 CLEARWATER FL 33762**

817951



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3643636

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLORIDA INCORPORATORS, INC.
 14605-49TH ST. N. #3
 CLEARWATER FL 33762**

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

**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	PD	<input type="checkbox"/> Delete
NAME	HARRIS, PATRICIA H	
STREET ADDRESS	14605-49TH ST. N. #3	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFITH, WILLIAM	
STREET ADDRESS	14605-49TH ST. N. #3	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ROUTENBERG, VICTOR	
STREET ADDRESS	14605-49TH ST. N. #3	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STRACHAN, CHERRY	
STREET ADDRESS	14605-49TH ST. N. #3	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIC WILLIAMS	
STREET ADDRESS	14605-49th ST. N. #3	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK KOPCZYNSKI	
STREET ADDRESS	14605-49th ST. N. #3	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **FRANK KOPCZYNSKI** 15 MARCH 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)

(787)530-0146