

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90259 041 *****61.25

DOCUMENT # N46338

1. Entity Name

HEALTHY START COALITION OF PINELLAS, INC.



Principal Place of Business

2735 WHITNEY RD
MS 101-2
CLEARWATER FL 33760
US

Mailing Address

2735 WHITNEY RD
MS 101-2
CLEARWATER FL 33760
US

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 **59-3109517**

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

BARA, DEBRA
2735 WHITNEY RD
MS 101-5
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

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

TITLE **DV** ☒ Delete
NAME **REED, PAUL**
STREET ADDRESS **14308 KELLINGREW PLACE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **DT** ☒ Delete
NAME **SYKES, REV MANUEL**
STREET ADDRESS **1045 16TH STREET SO**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **DC** ☐ Delete
NAME **WONG, MARK**
STREET ADDRESS **3319 BRIARWOOD CIRCLE**
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **ED** ☐ Delete
NAME **BARA, DEBRA**
STREET ADDRESS **2735 WHITNEY ROAD**
CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☐ Change ☒ Addition
NAME **Cross, Mary**
STREET ADDRESS **3619 16th Avenue N.**
CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE **DV** ☐ Change ☒ Addition
NAME **Gustin, M. Elena**
STREET ADDRESS **4500 114th Avenue N.**
CITY-ST-ZIP **Clearwater, FL 33762**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Change ☒ Addition
NAME **Luoaas, Victor**
STREET ADDRESS **4100 4th Street N.**
CITY-ST-ZIP **St. Petersburg, FL 33703**

TITLE ☐ Change ☐ 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)(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:

Debra Bara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2003 (727) 507-6330 x221
Date Daytime Phone #

CR2E037 (10/02)