

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90203 035 \*\*\*150.00

**DOCUMENT # 249883**  
 1. Entity Name  
**SCH OF PINELLAS COUNTY, INC.**

Principal Place of Business 2025 INDIAN ROCKS RD. P.O. BOX 2025 LARGO FL 34649-9025	Mailing Address 2025 INDIAN ROCKS RD. P.O. BOX 2025 LARGO FL 33779-2025
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2. Principal Place of Business <b>2025 Indian Rocks Rd</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 2025</b> Suite, Apt. #, etc.
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City & State <b>Largo, FL</b>	City & State <b>Largo, FL</b>	4. FEI Number <b>59-0954614</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33774</b>	Country <b>USA</b>	Zip <b>33779-2025</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**HULLEY, WILLIAM C.**  
**2025 INDIAN ROCKS RD.**  
**LARGO FL 34644**

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HULLEY, WILLIAM C D.O. 2025 INDIAN ROCKS RD. LARGO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TAYLOR, J. ERIC, JR D.O. 18 FERNBROOKE DR SAFETY HARBOR FL 34695</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Eric Taylor, Jr. D.O. **J ERic Taylor, Jr, D.O. 4/25/00 727-586-7100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)