

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90207 041 ****61.25

DOCUMENT # 700044

1. Entity Name

**THE VETERANS LIAISON COUNCIL OF PINELLAS COUNTY
FLORIDA INCORPORATED**



Principal Place of Business

P.O. BOX 8415
SEMINOLE FL 33775-8415

Mailing Address

P.O. BOX 8415
SEMINOLE FL 33775-8415

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 **59-2819893**

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

**FISHER, ROBERT W
1293 LINDENWOOD DRIVE
TARPON SPRINGS FL 34689-7634**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, DAVID C 11106 112TH AVE. N. LARGO FL 33778 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FISHER, ROBERT W 1293 LINDENWOOD DRIVE TARPON SPRINGS FL 34689 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V EDWARDS, FRED 7979 SAILBOAT KEY BLVD. SOUTH PASADENA FL 33707 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCKEON, THOMAS R. 11122 137TH STREET NORTH LARGO FL 33774-4135 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARTER, ROYCE 1100 CLEVELAND STREET, SUITE 1400 CLEARWATER FL 33755 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RIZZO, ANTHONY R. II 5554 16TH AVENUE NORTH ST. PETERSBURG FL 33710 | <input type="checkbox"/> Delete |

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| V EDWARDS, FRED 7979 SAILBOAT KEY BLVD. SOUTH PASADENA, FL 33707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| V FISHER, ROBERT W. 1293 LINDENWOOD DR. TARPON SPRINGS, FL 34689 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D EDWARDS, JACK 10346 121 AVE N. LARGO, FL 33773 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D LEWIS, HERB 545 LILLIAN DR. MADEIRA BEACH, FL 33708 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D RIZZO, ANTHONY 5554 16TH AVE. NORTH ST. PETERSBURG, FL 33710 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *David C. Miller* **DAVID C. MILLER** 3/21/2003 727-383-0548

CR2E037 (10/02)