

2000 UNIFORM BUSINESS REPORT (UBR)

2/5

DOCUMENT # 701612

1. Entity Name

PINELLAS COUNTY SHERIFF'S ADVISORY BOARD, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

02-05-2000 90024 034 ****61.25

Principal Place of Business 10750 ULMERTON ROAD P.O. BOX 2500 LARGO FL 33779 US	Mailing Address 10750 ULMERTON RD P.O. BOX 2500 LARGO FL 33778-1703 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2347292	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KWALL, JEAN
10750 ULMERTON ROAD
LARGO FL 33778

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

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
Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, EVERETT S. (SHERIFF) 10750 ULMERTON ROAD LARGO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, JAMES 3686 101 AVE, N PINELLAS PARK FL 33782 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STILLWAGON, DALE L. SR. 690 47TH STREET NORTH ST PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLOWAY, TOM 10032 65 AVE, N #22 ST PETERSBURG FL 33708 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, RON 5750 80TH ST N., APT C-308 ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, SANDY 6466 59TH LANE, 101 PINELLAS PARK FL 33781 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, EVERETT S. (Sheriff) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, JAMES 1185 Keene Road Largo, FL 33771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STILLWAGON, DALE L. SR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GALLOWAY, TOM 10032 65 Ave N #5 St. Petersburg, FL 33708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRIFFIN, RON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/25/00

104012 1023 810617
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

D
SMITH, KEN
1670 Palmwood Dr
Clearwater, FL 33756

D
WHALLEN, HORACE
2012 Bellhurst Drive
Dunedin, FL 34698

D
GILL, RICHARD
11299 60 Avenue North
Seminole, FL 33772

D
ANDRUS, ED
1520 Palmetto Street
Clearwater, FL 33755