

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701612

1. Entity Name

PINELLAS COUNTY SHERIFF'S ADVISORY BOARD, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90144 029 ****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 33778-2500
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 59-2347292

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

KWALL, JEAN
10750 ULMERTON ROAD
LARGO FL 33778

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 PD
NAME RICE, EVERETT S. (SHERIF)
STREET ADDRESS 10750 ULMERTON ROAD
CITY-ST-ZIP LARGO FL

TITLE VD
NAME MILLER, JAMES
STREET ADDRESS 1185 KEENE RD
CITY-ST-ZIP LARGO FL 33771

TITLE VD
NAME STILLWAGON, DALE L. SR.
STREET ADDRESS 690 47TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE TD
NAME GALLOWAY, TOM
STREET ADDRESS 10032- 65TH AVE N. #5
CITY-ST-ZIP ST PETERSBURG FL 33708

TITLE SD
NAME GRIFFIN, RON
STREET ADDRESS 5750 80TH ST N., APT C-308
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D
NAME BURKE, SANDY
STREET ADDRESS 6466 59TH LANE, 101
CITY-ST-ZIP PINELLAS PARK FL 33781

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)