

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 709017**

1. Entity Name

FAMILY SERVICE CENTERS OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

**2960 ROOSEVELT BLVD
CLEARWATER FL 34620****2960 ROOSEVELT BLVD
CLEARWATER FL 33760-1952**

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

59-0624378

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****WISE, SUZANNE G
2960 ROOSEVELT BLVD
CLEARWATER FL 34620**

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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME **PED** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **WORLDS, MAJOR A LOIS
1300 1ST AVENUE NORTH
ST PETERSBURG FL 33705**TITLE
NAME **PD** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **Skalski, Joseph C.
14010 Roosevelt Boulevard #708
Clearwater, FL 33762**TITLE
NAME **SD** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **JACKSON, DORETHA S
1015 10TH AVE NORTH
ST PETERSBURG FL 33705**TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME **VD** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **KOPPAN, PATRICIA G
4993 TURTLE CREEK TRAIL
OLDSMAR FL 34677**TITLE
NAME **VD** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **Wiseman, Marcia L.
P.O. Box 210
Clearwater, FL 33757-0210**TITLE
NAME **PD** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **MCGRATH, MARIAN H
P.O. BOX 384
ST. PETERSBURG FL 33731**TITLE
NAME **PP** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **Putrino, Cary P.
100 2nd Avenue South
St. Petersburg, FL 33701**TITLE
NAME **PP** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **GREENE, MARCUS W
8481 125TH COURT NORTH
SEMINOLE FL 33776**TITLE
NAME **TD** ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP **Newsome, Larry J.
450 Carillon Pkwy #200
St. Petersburg, FL 33716**TITLE
NAME **TD** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP **SKALKSI, JOSEPH C
14010 ROOSEVELT BOULEVARD #708
CLEARWATER FL 33762**TITLE
NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Suzanne Gibson Wise

1-18-00 727-531-0482

Date

Daytime Phone #

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90050 049 ****70.00

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DO NOT WRITE IN THIS SPACE