

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713803

1. Entity Name

BIG BROTHERS/ BIG SISTERS OF PINELLAS COUNTY, INC

Principal Place of Business

918 WEST BAY DRIVE
LARGO FL 33770

Mailing Address

918 WEST BAY DRIVE
LARGO FL 33770-3224

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1197491

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ESSLINGER, THOMAS H.
918 WEST BAY DRIVE
LARGO FL 33770

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: **TD** Delete
NAME: **BRUBAKER, CLAYTON**
STREET ADDRESS: **XEROX CORP., 42 W. CPYRESS ST., #100**
CITY-ST-ZIP: **TAMPA FL 33607**

TITLE: **VP** Delete
NAME: **BRUBAKER, CLAYTON**
STREET ADDRESS: **FORSYTHE SOLUTIONS, 3001 N ROCKY PT**
CITY-ST-ZIP: **TAMPA FL 33607**

TITLE: **VP** Delete
NAME: **NIKODEN, BARRY**
STREET ADDRESS: **ALLSTATE, 800 CARILLON PKWY**
CITY-ST-ZIP: **ST-PETERSBURG FL 33715**

TITLE: **PD** Delete
NAME: **MEYER, LYNN**
STREET ADDRESS: **5250 EAST BAY DRIVE**
CITY-ST-ZIP: **CLEARWATER FL 33764**

TITLE: **PPD** Delete
NAME: **WHITE, LANGFRED**
STREET ADDRESS: **28059 U.S. HIGHWAY 19N #203**
CITY-ST-ZIP: **CLEARWATER FL 33761**

TITLE: **EDD** Delete
NAME: **ESSLINGER, THOMAS H.**
STREET ADDRESS: **918 WEST BAY DRIVE**
CITY-ST-ZIP: **LARGO FL 33770**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **Vice President** Change Addition
NAME: **Brubaker, Clayton**
STREET ADDRESS: **7650 W. courtney Campbell Cswy. #365**
CITY-ST-ZIP: **Tampa FL 33607**

TITLE: **Sec/Treas** Change Addition
NAME: **Eaddy, Marie**
STREET ADDRESS: **13535 Feathersound Dr. Bld.1, Ste.620**
CITY-ST-ZIP: **Clearwater FL 33762**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: **Immed. Past President** Change Addition
NAME: **Meyer, Lynn**
STREET ADDRESS: **5250 East Bay Dr.**
CITY-ST-ZIP: **Clearwater FL 33764**

TITLE: **President** Change Addition
NAME: **White, Langfred**
STREET ADDRESS: **28059 US Hwy. 19 N. #203**
CITY-ST-ZIP: **Clearwater FL 33761**

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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

9/2/00
Date

727-518-8860
Daytime Phone #

CR2E037 (9/99)