

2002 UNIFORM BUSINESS REPORT (UBR)

4/8

FILED
May 21, 2002 8:00 am
Secretary of State

04-08-2002 90248 032 ****70.00

DOCUMENT # 713803

1. Entity Name

BIG BROTHERS BIG SISTERS OF PINELLAS COUNTY, INC

Principal Place of Business

Mailing Address

**918 WEST BAY DRIVE
LARGO FL 33770**

**918 WEST BAY DRIVE
LARGO FL 33770**

- 28546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1197491

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROLSTON, SUSAN
918 WEST BAY DRIVE
LARGO FL 33770**

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 ²

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	TS MARONEY, DANIELLE 15201 ROOSEVELT BLVD. #115 CLEARWATER FL 33760	<input type="checkbox"/> Delete D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EADDY, MARIE 916 ELDORADO AVE CLEARWATER FL 33767	<input type="checkbox"/> Delete D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROETZER, CHRISTOPHER 3001 SUNSET POINT RD CLEARWATER FL 33759	<input checked="" type="checkbox"/> Delete D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD WHITE, LANGFRED 28059 U.S. HIGHWAY 19N #203 CLEARWATER FL 33761	<input type="checkbox"/> Delete D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ROLSTON, SUSAN 918 WEST BAY DRIVE LARGO FL 33770	<input type="checkbox"/> Delete D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS/VP Reidy, Daniëlle 7694 49th St. N. Pinellas Park, FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Nikodem, Barry 800 Carillon Parkway St. Petersburg, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 32700 US Highway 19 N. Palm Harbor, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: Susan Rolston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 727-518-8860
Date Daytime Phone #

CR2E037 (9/01)