

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 713803

FILED  
Mar 13, 2003  
Secretary of State

**Entity Name:** BIG BROTHERS BIG SISTERS OF PINELLAS COUNTY, INC.

**Current Principal Place of Business:**

918 WEST BAY DRIVE  
LARGO, FL 33770

**New Principal Place of Business:**

**Current Mailing Address:**

918 WEST BAY DRIVE  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 59-1197491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TSVP ( ) Delete  
Name: REIDY, DANIELLE  
Address: 7694 49TH ST. N.  
City-St-Zip: PINELLAS PARK, FL 33781

Title: PD ( ) Delete  
Name: EADDY, MARIE  
Address: 916 ELDORADO AVE  
City-St-Zip: CLEARWATER, FL 33767

Title: VPD ( ) Delete  
Name: NIKODEM, BARRY  
Address: 800 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 33781

Title: PDD ( ) Delete  
Name: WHITE, LANGFRED  
Address: 32700 US HIGHWAY 19 N  
City-St-Zip: PALM HARBOR, FL 34684

Title: CEOD ( ) Delete  
Name: ROLSTON, SUSAN  
Address: 918 WEST BAY DRIVE  
City-St-Zip: LARGO, FL 33770

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TSSE (X) Change ( ) Addition  
Name: PORTER, SHEILA  
Address: 880 CARILLON PARKWAY  
City-St-Zip: ST. PETERSBURG, FL 33716

Title: PDD (X) Change ( ) Addition  
Name: EADDY, MARIE  
Address: 916 ELDORADO AVE  
City-St-Zip: CLEARWATER, FL 33767

Title: PD (X) Change ( ) Addition  
Name: NIKODEM, BARRY  
Address: P.O. BOX 21629  
City-St-Zip: ST. PETERSBURG, FL 33742

Title: VP (X) Change ( ) Addition  
Name: WHITE, LANGFRED  
Address: 32700 US HIGHWAY 19 N  
City-St-Zip: PALM HARBOR, FL 34684

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILA PORTER

TSSE

03/13/2003

Electronic Signature of Signing Officer or Director

Date