

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

**DOCUMENT # 715269**

1. Entity Name

**PINELLAS OPPORTUNITY COUNCIL, INC.**

02-05-2000 90024 036 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**3443 1ST AVENUE NORTH  
 ST. PETERSBURG FL 33713-8516**

**3443 1ST AVENUE NORTH  
 ST. PETERSBURG FL 33713-8516**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1227051**

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZECKER, FRED W.  
 6042-1ST AVE S APT #31  
 ST PETERSBURG FL 33707**

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	TD	<input type="checkbox"/> Delete
NAME	PHILPOT, JURA	
STREET ADDRESS	2531 12TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, CLARENCE	
STREET ADDRESS	530 LAKE MAGGOIRE BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BILAL, YACUB	
STREET ADDRESS	1300 PALMETTO ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, LEON	
STREET ADDRESS	315 COURT STREET	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, CHARLES	
STREET ADDRESS	2851 1ST AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGARVEY, JAMES	
STREET ADDRESS	647 1ST AVE., NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowerments.

SIGNATURE: *Jura Philpot* JURA PHILPOT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000 727-327-8690

Date

Daytime Phone #