

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716092

1. Entity Name

COORDINATED CHILD CARE OF PINELLAS, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90031 048 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6698 68TH AVENUE NORTH  
SUITE B  
PINELLAS PARK FL 34665  
US

6698 68TH AVENUE NORTH  
SUITE B  
PINELLAS PARK FL 34665  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1295214

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

COOLEY, GUY M.  
6698 68TH AVENUE NORT  
SUITE B  
PINELLAS PARK FL 34665

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	D	<input type="checkbox"/> Delete
NAME	MILLER, MYRON M. DR.	
STREET ADDRESS	6383 DARTMOUTH AVE., N	
CITY-ST-ZIP	ST. PETERSBURG FL 33710	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MULLIGAN, JANE	
STREET ADDRESS	112 70TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, CLARETHA	
STREET ADDRESS	2420 GRANADA CIRCLE SE	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARLSON, SUSAN	
STREET ADDRESS	150 2ND AVE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RIEMAN, LORETTA	
STREET ADDRESS	ST. PETE TIMES, 490 1ST AVENUE S	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	RINDA, BRUCE	
STREET ADDRESS	1550 75TH CIRCLE NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEMAN, LORETTA - ST. PETE TIMES	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG, FL. 33701	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITUCCI, JUDI- ALL CHILDREN'S	
STREET ADDRESS	BOX 7470-801-6th STREET SOUTH	
CITY-ST-ZIP	ST.PETERSBURG, FL. 33701	
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 empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (9/99)

116092

00020203



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 2, 2000

RECEIVED

FEB 07 2000

FINANCE DEPT

COORDINATED CHILD CARE OF PINELLAS, INC.  
6698 68TH AVENUE NORTH  
SUITE B  
PINELLAS PARK, FL 34665 US

SUBJECT: COORDINATED CHILD CARE OF PINELLAS, INC.  
Ref. Number: 716092

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

An officer or director must sign the report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott  
Document Specialist

Letter Number: 500A00005084