

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722299

1. Entity Name

UNITED WAY OF PINELLAS COUNTY

Principal Place of Business

Mailing Address

18401 US HWY 19 N.

SAME

CLEARWATER, FL. 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1370265

Applied For

Not Applicable

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

BARBARA A. PACHECO

18401 US HWY. 19 NORTH

CLEARWATER, FL. 33764

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 NAME STREET ADDRESS CITY-ST-ZIP
MURPHY, FRANK VCD ☐ Delete
17757 US 19 N. STE. 100
CLEARWATER, FL. 33764

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
WORRELL-MARTHA SD ☒ Delete
3135 1ST AVE. N.
ST. PETE, FL. 33730

TITLE NAME STREET ADDRESS CITY-ST-ZIP
LAIRD, KATHY SD ☐ Change ☒ Addition
P.O. BOX 1121
ST. PETERSBURG, FL. 33701

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MELLIXI, PAUL CBD ☐ Delete
100 S. ASHLEY DR. STE. 1000
TAMPA, FL. 33602

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
SZE, HARRY VCD ☒ Delete
800 CARILLON PKWY
ST. PETE, FL. 33701

TITLE NAME STREET ADDRESS CITY-ST-ZIP
WARD, CARLTON VCD ☐ Change ☒ Addition
1253 PARK ST.
CLEARWATER, FL. 33756

TITLE NAME STREET ADDRESS CITY-ST-ZIP
CASSIDY, DALE TD ☐ Delete
101 E. KENNEDY BLVD.
TAMPA, FL. 33602

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PACHECO, BARBARA PD ☐ Delete
18401 US HWY 19 NORTH
CLEARWATER, FL. 33764

TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30-00 727-535-3545

Date

Daytime Phone #

CR2E037 (9/99)