

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90010 043 \*\*\*\*61.25

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

D0052720

DO NOT WRITE IN THIS SPACE

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 Applied For  
 59-1370265 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BARBARA A. PACHECO  
 18401 US HWY. 19 NORTH  
 CLEARWATER, FL. 33764

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	MURPHY, FRANK VCD <input type="checkbox"/> Delete 17757 US 19 N. STE. 100 CLEARWATER, FL. 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORRELL-MARTHA SD <input checked="" type="checkbox"/> Delete 3135 SEAVE. N. ST. PETE, FL. 33730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MELLIXI PAUL CBD <input type="checkbox"/> Delete 100 S. ASHLEY DR. STE. 1000 TAMPA, FL. 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SZE HARRY VCD <input checked="" type="checkbox"/> Delete 800 CARILTON PKWY ST. PETE, FL. 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASSIDY DALE TD <input type="checkbox"/> Delete 101 E. KENNEDY BLVD. TAMPA, FL. 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PACHECO BARBARA PD <input type="checkbox"/> Delete 18401 US HWY 19 NORTH CLEARWATER, FL. 33764

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAIRD, KATHY SD - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. BOX 1121 ST. PETERSBURG, FL. 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARD, CARLTON VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1253 PARK ST. CLEARWATER, FL. 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Barbara A. Pacheco*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 BARBARA A. PACHECO

4/30-00 727-535-3545  
 Date Daytime Phone #

CR2E037 (9/99)