

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730930

1. Entity Name

PINELLAS ASSOCIATION OF INSURANCE AND FINANCIAL

Principal Place of Business

615 S MISSOURI AVE
STE A
CLEARWATER FL 33756
US

Mailing Address

P.O. BOX 62
CLEARWATER FL 34617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33757

4. FEI Number

59-2453015

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

LAKE, SCOTT E
615 S MISSOURI AVE
STE A
CLEARWATER FL 33756

Name

Amy Reimann

Street Address (P.O. Box Number is Not Acceptable)

3894 Tampa Rd.

City

Oldsmar

FL

Zip Code

34677

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 checked="" type="checkbox"/> Delete
NAME	BARTKUS, CHRISTOPHER R	
STREET ADDRESS	615 S MISSOURI AVE #F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOWNSEND, DEMARCY	
STREET ADDRESS	2002 N LOIS AVE 400	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEPARD, GARY	
STREET ADDRESS	615 S MISSOURI AVE STE F	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAKE, SCOTT E	
STREET ADDRESS	615 S MISSOURI AVE #1	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NETTIN, DALE	
STREET ADDRESS	615 S MISSOURI AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	R. Megan Hollingshead	
STREET ADDRESS	15310 Amberly Dr. #200	
CITY-ST-ZIP	Tampa FL 33647	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul F. Crevello	
STREET ADDRESS	11621 Seminole Blvd	
CITY-ST-ZIP	Seminole FL 33708	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy Reimann	
STREET ADDRESS	3894 Tampa Rd.	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Duncan	
STREET ADDRESS	2748 SR 580 #101	
CITY-ST-ZIP	Clearwater FL 33761	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Bishop	
STREET ADDRESS	2647 Ulmerton Rd.	
CITY-ST-ZIP	Clearwater FL 33762	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/01

727 449 0728

FILED

01 MAY 21 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)