

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90127 029 \*\*\*\*70.00

900532



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 733989**

1. Entity Name

**BIG BROTHERS WOMEN'S AUXILIARY, INC.**

Big Brothers Big Sisters  
of Pinellas County Ins  
Anger Management, Inc.

Principal Place of Business

Mailing Address

918 WEST BAY DRIVE  
LARGO FL 33770

918 WEST BAY DRIVE  
LARGO FL 33770-3224

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1676937

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

**ESSLINGER, THOMAS H.**  
**918 WEST BAY DRIVE**  
**LARGO FL 33770**

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	<b>VP</b> <b>BRUBAKER, CLAYTON</b> <b>FORSYTHE SOLUTIONS, 3001 N ROCKY PT</b> <b>TAMPA FL 33607</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ED</b> <b>ESSLINGER, THOMAS H</b> <b>918 WEST BAY DRIVE</b> <b>LARGO FL 33770</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PP</b> <b>WHITE, LANGFRED</b> <b>28059 U.S. HIGHWAY 19N #203</b> <b>CLEARWATER FL 33761</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NIKODEM, BARRY</b> <b>ALLSTATE, 800 CARILLON PKWY</b> <b>ST PETERSBURG FL 33716</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>MCALEER, KAY</b> <b>PREMIER BANK, P.O. BOX 2910</b> <b>LARGO FL 33779-2910</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MEYER, LYNN</b> <b>5250 EAST BAY DRIVE</b> <b>CLEARWATER FL 33770</b>	<input type="checkbox"/> Delete

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec/Treas</b> <b>Eaddy, Marie</b> <b>13535 Feathersound Dr.Bld.1,Ste 620</b> <b>Clearwater FL 33762</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Immed. Past President</b>	<input checked="" 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:

*SIGNATURE REQUIRED*

4/25/00

727-518-8860

CR2E037 (9/99)



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

Attachment  
970532  
# 733989

January 3, 2000

BIG BROTHERS/BIG SISTERS OF PINELLAS COUNTY  
918 WEST BAY DRIVE  
LARGO, FL 33770

Re: Document Number 733989

The Articles of Amendment to the Articles of Incorporation for BIG BROTHERS WOMEN'S AUXILIARY, INC. which changed its name to BIG BROTHERS BIG SISTERS OF PINELLAS COUNTY INSTITUTE ON ANGER MANAGEMENT, INC., a Florida corporation, were filed on December 15, 1999.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 487-6050, the Amendment Filing Section.

Susan Payne  
Senior Section Administrator  
Division of Corporations

Letter Number: 200A00000158