

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90237 042 ****70.00

DOCUMENT # 742593

1. Entity Name
PINELLAS GEOLOGICAL SOCIETY, INC.



Principal Place of Business
**2440 SOUTHSORE DR SE
SAINT PETERSBURG FL 33705-3331
US**

Mailing Address
**P.O. BOX 6263
CLEARWATER FL 34618
US**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEFFIELD, HUGH
2440 SOUTHSORE DR SE
SAINT PETERSBURG FL 33703-3331**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Hugh Sheffield

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when changing)

DATE

2/12/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **MARKS, GLORIA**
STREET ADDRESS **2506 COUNTRYSIDE PINES DR**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **S** ☒ Delete
NAME **FLEDHOUSE, LEONA**
STREET ADDRESS **2440 SOUTHSORE DR SE**
CITY-ST-ZIP **ST PETERSBURG FL 33705**

TITLE **VP** ☐ Delete
NAME **MARKS, DELMAR**
STREET ADDRESS **PO BOX 6263**
CITY-ST-ZIP **CLEARWATER FL 34618**

TITLE **TD** ☐ Delete
NAME **SHEFFIELD, HUGH**
STREET ADDRESS **2440 SOUTHSORE DR SE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **D** ☐ Delete
NAME **FRONCZAK, SUZANNE**
STREET ADDRESS **2717 SEVILLE BLVD APT 9202**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **D** ☒ Delete
NAME **SCOTFIELD, ANN**
STREET ADDRESS **2114 NOLAN DR**
CITY-ST-ZIP **LARGO FL 33770**

TITLE **P** ☒ Change ☐ Addition
NAME **Scotfield, Ann**
STREET ADDRESS **PO Box 6263**
CITY-ST-ZIP **clearwater FL 34618-6263**

TITLE **D** ☐ Change ☒ Addition
NAME **Hahsler, Melinda**
STREET ADDRESS **9608 128th Terrace N.**
CITY-ST-ZIP **Largo FL 33773**

TITLE **S** ☒ Change ☐ Addition
NAME **Sheffield, Leona**
STREET ADDRESS **2440 Southshore Dr. SE**
CITY-ST-ZIP **St. Petersburg FL 33705-3331**

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

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

TITLE ☐ Change ☐ 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: SHEFFIELD, HUGH 2/12/03 (127) 894-2440

CR2E037 (10/02)