

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751505

1. Entity Name

PINELLAS GENEALOGY SOCIETY, INC.

Principal Place of Business

8476 - 15TH WAY NORTH
ST. PETERSBURG FL 33702-2812

Mailing Address

8476 - 15TH WAY NORTH
ST. PETERSBURG FL 33702-2812

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

59-2374859

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

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

TITLE PD
NAME GRANDMAISON, CHAD L
STREET ADDRESS 7088 4TH AVE S
CITY-ST-ZIP SAINT PETERSBURG FL 33707-1030 ☐ Delete

TITLE ED
NAME BRONICK, ROSANNE
STREET ADDRESS 1715 SHIRLEY PLACE
CITY-ST-ZIP LARGO FL 33770 ☒ Delete

TITLE SD
NAME PARDUM, BARBARA
STREET ADDRESS 6245 29TH WAY N
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☐ Delete

TITLE TD
NAME HOSTETLER, DAMON
STREET ADDRESS 107 N CITRUS AVE
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

TITLE VPD
NAME DE ROLF, THERESA
STREET ADDRESS 100 BLUFF VIEW DRIVE, #108A
CITY-ST-ZIP BELLEAIR BLUFFS FL 33770 ☒ Delete

TITLE D
NAME MARJORIE HAZEL
STREET ADDRESS 8476-15 WAY N
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE BD
NAME Bette Zamp
STREET ADDRESS 308-12th Ave
CITY-ST-ZIP Indian Rocks Bk FL 33785-3827 ☐ Change ☒ Addition

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

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

TITLE VPD
NAME Robert Tanner
STREET ADDRESS 2221 Norwegian Dr #1
CITY-ST-ZIP Clearwater FL 33763-2958 ☐ Change ☒ Addition

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90002 022 ****61.25

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

813-447-5605

Damon S. Hostetler 3-15-00