

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753432

1. Entity Name

PINELLAS TAPE LIBRARY FOR THE BLIND, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90139 024 ****61.25

Principal Place of Business

401 FIFTH STREET NORTH
C/O DOROTHY FISCHER
ST. PETERSBURG FL 33701

Mailing Address

401 FIFTH STREET NORTH
C/O DOROTHY FISCHER
ST. PETERSBURG FL 33701-2813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2020464

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOUGH, RENATE
3850 BELLE VISTA DRIVE EAST
ST PETE BEACH FL 33706

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

Renate A. Fairclough

Renate A. Fairclough

1-11-2000

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 P ☐ Delete
NAME FAIRCLOUGH, RENATE
STREET ADDRESS 3850 BELLE VISTA DRIVE EAST
CITY-ST-ZIP ST PETERSBURG FL 33706

TITLE VD ☐ Delete
NAME KOERKEL, ALVIN
STREET ADDRESS 6100-62ND AVE N, #48
CITY-ST-ZIP PINELLAS PARK FL-33781

TITLE T ☐ Delete
NAME MCDEVITT, GWENDOLYN
STREET ADDRESS 2030-34TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE D ☐ Delete
NAME REVILL, JANICE
STREET ADDRESS 530-28TH AVE N.
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE D ☒ Delete
NAME MOTTET, OLIVE
STREET ADDRESS 518 91ST AVE. NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☐ Delete
NAME WEIR, IRENE
STREET ADDRESS 4121 MOODY ST
CITY-ST-ZIP ST PETE BEACH FL 33706

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME KOERKEL, ALVIN
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE D ☐ Change ☒ Addition
NAME Mottet, Olive
STREET ADDRESS 4720 Locust St. NE #306
CITY-ST-ZIP St. Petersburg, FL 33703

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:

Gwendolyn McDevitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/7/00

Daytime Phone #

727-823-7095

CR2E037 (9/99)