

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

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

**DOCUMENT # 753432**

1. Entity Name

**PINELLAS TAPE LIBRARY FOR THE BLIND, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2020464**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	FAIRCLOUGH, RENATE	
STREET ADDRESS	3850 BELLE VISTA DRIVE EAST	
CITY-ST-ZIP	ST PETERSBURG FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOERKEL, ALVIN	
STREET ADDRESS	6100-62ND AVE N, #48	
CITY-ST-ZIP	PINELLAS PARK FL-33781	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCDEVITT, GWENDOLYN	
STREET ADDRESS	2030-34TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	REVILL, JANICE	
STREET ADDRESS	530-28TH AVE N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOTTET, OLIVE	
STREET ADDRESS	518 91ST AVE. NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEIR, IRENE	
STREET ADDRESS	4121 MOODY ST	
CITY-ST-ZIP	ST PETE BEACH FL 33706	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	KOERKEL, ALVIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mottet, Olive	
STREET ADDRESS	4720 Locust St. NE #306	
CITY-ST-ZIP	St. Petersburg, FL 33703	
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:

*Gwendolyn McDevitt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/7/00*

Date

*727-823-7095*

Daytime Phone #

CR2E037 (9/99)