

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90100 049 \*\*\*\*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**

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

**59-2020464**

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

**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

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

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **4720 LOCUST ST. N.E**  
CITY-ST-ZIP

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

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 Gwendolyn McDevitt, Treas. (727) 823-7095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)