

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

C0027752



DO NOT WRITE IN THIS SPACE

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
P	FAIRCLOUGH, RENATA	3850 BELLE VISTA DRIVE EAST	ST PETERSBURG FL 33706	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	KOERKEL, ALVIN	6100-62ND AVE N, #48	PINELLAS PARK FL 33781	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
T	MCDEVITT, GWENDOLYN	2030-34TH AVE N	ST PETERSBURG FL 33713	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	REYLL, JANICE	530-28TH AVE N.	ST. PETERSBURG FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	MOTTET, OLIVE	518 91ST AVE. NORTH	ST PETERSBURG FL	<input type="checkbox"/> Delete			4720 LOCUST ST. N.E		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	WEIR, IRENE	4121 MOODY ST	ST PETE BEACH FL 33706	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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 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)