


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90343 006 \*\*\*\*61.25

**DOCUMENT # 753432**

1. Entity Name  
**PINELLAS TAPE LIBRARY FOR THE BLIND, INC.**



Principal Place of Business      Mailing Address

**401 FIFTH STREET NORTH  
ST. PETERSBURG FL 33701**      **401 FIFTH STREET NORTH  
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



CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FAIRCLOUGH, RENATA</b>	
STREET ADDRESS	<b>3850 BELLE VISTA DRIVE EAST</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33706</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>KOERKEL, ALVIN</b>	
STREET ADDRESS	<b>6100-62ND AVE N, #48</b>	
CITY-ST-ZIP	<b>PINELLAS PARK FL 33781</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCDEVITT, GWENDOLYN</b>	
STREET ADDRESS	<b>2030-34TH AVE N</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33713</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>REYLL, JANICE</b>	
STREET ADDRESS	<b>530-28TH AVE N.</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33704</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOTTET, OLIVE</b>	
STREET ADDRESS	<b>4720 LOCUST STREET NE</b>	
CITY-ST-ZIP	<b>SAINT PETERSBURG FL 33703</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WEIR, IRENE</b>	
STREET ADDRESS	<b>4121 MOODY ST</b>	
CITY-ST-ZIP	<b>ST PETE BEACH FL 33706</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<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	<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	<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)(j), 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: *Renate Fairclough*

CR2E037 (10/02)