

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753737

1. Entity Name

Leadership Pinellas, Inc. ✓

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90184 039 ****61.25

Principal Place of Business

Mailing Address

2. Principal Place of Business

P.O. Box 5986

3. Mailing Address

P.O. Box 5986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-2424294

Applied For

Not Applicable

Zip

Country

33758-5986

USA

Zip

Country

33758-5986

USA

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

Name

Morris Silberman

Street Address (P.O. Box Number is Not Acceptable)

1230 Myrtle Ave. S.

Suite 101

City

Clearwater

FL

Zip Code

33756

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

Morris Silberman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/22/00

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	<input checked="" type="checkbox"/> Delete
NAME	Linda S. Williams	
STREET ADDRESS	3711 Tampa Rd. #107	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	Frank J. Hancock	
STREET ADDRESS	211 Drew St.	
CITY-ST-ZIP	Clearwater, FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deborah J. White	
STREET ADDRESS	318 Los Prados Dr.	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Moore	
STREET ADDRESS	P.O. Box 4989	
CITY-ST-ZIP	Clearwater, FL 33758-4989	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn M. Fuhler	
STREET ADDRESS	1528 El Tair Trail	
CITY-ST-ZIP	Clearwater, FL 33765	
TITLE	D (director only)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda S. Williams	
STREET ADDRESS	3711 Tampa Rd. #107	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dale Kleine	
STREET ADDRESS	315 19th Avenue NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

continued on attached sheet . . .

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deborah J. White, President

2/22/00

727/725-5144

CR2E037 (9/99)

53781

Attachment

MOO 3056

11.continued

Additions/Changes to Officers and Directors in 10

Title	D	(Addition)
Name	David O. Archie	
Street Address	512 Martin Luther King Dr.	
City-ST-Zip	Tarpon Springs, FL 34689	

Title	D	(Addition)
Name	Alan D. Darnell	
Street Address	3732 Windber Blvd.	
City-ST-Zip	Palm Harbor, FL 34685	

Title	D	(Addition)
Name	Paul J. Kaslander	
Street Address	2504 Gulf Blvd. #307	
City-ST-Zip	Indian Rocks Beach, FL 33685	

Title	D	(Addition)
Name	Lois Miller	
Street Address	637 Quail Keep Drive	
City-ST-Zip	Safety Harbor, FL 34695	

Title	D	(Addition)
Name	Morris Silberman	
Street Address	1230 Myrtle Ave. S., #101	
City-ST-Zip	Clearwater, FL 33756	

Title	D	(Addition)
Name	Jan H. Tracy	
Street Address	1006 Wyndham Way	
City-ST-Zip	Safety Harbor, FL 34695	