

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90124 041 \*\*\*\*61.25

1/1

**DOCUMENT # 753737**

1. Entity Name

**LEADERSHIP PINELLAS, INC.**



Principal Place of Business

P O BOX 5986  
CLEARWATER FL 33758-5986  
US

Mailing Address

P O BOX 5986  
CLEARWATER FL 33758-5986  
US

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 **59-2424294**

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

Name

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

City

**FL**

Zip Code

**COREN, HARRIET K**  
**146 GULL AVE BLVD.**  
**OLDSMAR FL 34677**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |                                            |
|----------------|----------------------------------|--------------------------------------------|
| TITLE          | <b>T</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>SNYDER, CRISTINA</b>          |                                            |
| STREET ADDRESS | <b>11525 47TH ST N</b>           |                                            |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33762</b>       |                                            |
| TITLE          | <b>P</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DARNELL, ALAN</b>             |                                            |
| STREET ADDRESS | <b>3135 SR 580 #7</b>            |                                            |
| CITY-ST-ZIP    | <b>SAFETY HARBOR FL 34695</b>    |                                            |
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WATERS, KEN</b>               |                                            |
| STREET ADDRESS | <b>4039 CARLYLE LAKES BLVD</b>   |                                            |
| CITY-ST-ZIP    | <b>PALM HARBOR FL 34685</b>      |                                            |
| TITLE          | <b>D</b>                         | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>KLEINE, DALE</b>              |                                            |
| STREET ADDRESS | <b>315 -19TH AVE NE</b>          |                                            |
| CITY-ST-ZIP    | <b>SAINT PETERSBURG FL 33704</b> |                                            |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |                                            |
| STREET ADDRESS |                                  |                                            |
| CITY-ST-ZIP    |                                  |                                            |
| TITLE          |                                  | <input type="checkbox"/> Delete            |
| NAME           |                                  |                                            |
| STREET ADDRESS |                                  |                                            |
| CITY-ST-ZIP    |                                  |                                            |

|                |                               |                                                                              |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>P/D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>MARTIN, SUZE</b>           |                                                                              |
| STREET ADDRESS | <b>2101 INDIAN ROCKS ROAD</b> |                                                                              |
| CITY-ST-ZIP    | <b>LARGO, FL 33774</b>        |                                                                              |
| TITLE          | <b>VP/D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>DANIELS, SCOTT L.</b>      |                                                                              |
| STREET ADDRESS | <b>1988 GULF TO BAY BLVD</b>  |                                                                              |
| CITY-ST-ZIP    | <b>CLEARWATER, FL 33765</b>   |                                                                              |
| TITLE          | <b>T/D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>BOLLENBACK, MICHAEL D.</b> |                                                                              |
| STREET ADDRESS | <b>1000 PINELLAS ST</b>       |                                                                              |
| CITY-ST-ZIP    | <b>CLEARWATER, FL 33756</b>   |                                                                              |
| TITLE          | <b>S/D</b>                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>GOUDEAU, CYNTHIA</b>       |                                                                              |
| STREET ADDRESS | <b>112 S OSCEOLA AVE</b>      |                                                                              |
| CITY-ST-ZIP    | <b>CLEARWATER, FL 33758</b>   |                                                                              |
| 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)(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

*Michael D. Bollenback, Treas.*  
**Michael D. Bollenback, Treas.**

**1/13/03**  
**446-5857**

CR2E037 (10/02)