

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State
03-23-2000 90035 033 ***150.00

DOCUMENT # J58145

1. Entity Name

WELCOME NEWCOMER CLUB OF PINELLAS, INC.

Principal Place of Business

100 S.BELCHER RD.
P.O. BOX 4101
CLEARWATER FL 33758

Mailing Address

100 S.BELCHER RD.
P.O. BOX 4101
CLEARWATER FL 33758-4101

2. Principal Place of Business

2075 RIDGECREST DR.

Suite, Apt. #, etc.

3. Mailing Address

2075 RIDGECREST DR.

Suite, Apt. #, etc.

City & State

DUNEDIN FL

City & State

DUNEDIN FL

4. FEI Number

59-2784575

Applied For

Not Applicable

Zip

34698

Country

PINELLAS

Zip

34698

Country

PINELLAS

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

**WARREN, DOREEN
2075 RIDGECREST DR
DUNEDIN FL 34698**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST WARREN, DOREEN 2075 RIDGECREST DR DUNEDIN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, DOREEN 2075 RIDGECREST DR DUNEDIN FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOREEN WARREN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-00

Date

(727) 736-6647

Daytime Phone #

CR2E034 (9/99)