

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003477

1. Entity Name

PINELLAS COUNTY SCHOOL READINESS COALITION, INC.

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91701 031 ****61.25

Principal Place of Business

Mailing Address

C/O JUVENILE WELFARE BOARD OF PINELLAS
6698 68TH AVE NORTH
PINELLAS PARK FL 33781-5060

C/O JUVENILE WELFARE BOARD OF PINELLAS
6698 68TH AVE NORTH
PINELLAS PARK FL 33781-5060

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

NOT APPLICABLE

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

CROFT, WINSTON
6698 68TH AVENUE NORTH
PINELLAS PARK FL 33781-5060

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	CT HARRIS, CALVIN DR 315 COURT STREET CLEARWATER FL 33756	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT LASHER, ELLEN 11450 GANDY BLVD ST PETERSBURG FL 33733	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ELLIOTT, LEANN SPJC P O BOX 13489 ST PETERSBURG FL 33733	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT ELLEN, LASHER 11450 GANDY BLVD ST PETERSBURG FL 33733	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCT ELLIOTT, LE ANN SPJC P O BOX 13489 ST PETERSBURG FL 33733	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HEILMAN, JOHN DR 500 7TH AVE. S ST. PETERSBURG FL 33733	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 7, 2002 727-547-5614

CR2E037 (9/01)