

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90100 044 \*\*\*\*74.70

0087495

**DOCUMENT # N01145**

1. Entity Name

**NORTH PINELLAS COUNTY SCOUT SERTOMA CLUB, INC.**

Principal Place of Business

Mailing Address

10 N GLENWOOD AV  
 CLEARWATER FL 33757  
 US

17200 WISCOM RD  
 BROOKSVILLE FL 34601  
 US

2. Principal Place of Business

1572 Glen Ct

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dunedin FL

City & State

4. FEI Number

59-2312316

Applied For

Not Applicable

Zip

Country

34698 USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MILAM, DAVID W  
 10 N GLENWOOD AV  
 CLEARWATER FL 33757

7. Name and Address of New Registered Agent

Name Donald G Schaffner

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

1572 Glen Ct

City

Dunedin FL

FL

Zip Code 34698

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

*Donald G Schaffner*  
 Signature, typed or printed name of registered agent and title if applicable.

DONALD G SCHAFFNER 4/16/02  
 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

TITLE	TD	<input type="checkbox"/> Delete
NAME	CASEY, JOAN H.	
STREET ADDRESS	17200 WISCOM RD	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINIGALLIANO, EUGENE	
STREET ADDRESS	6912 MORNINGSUN CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASEY, GEORGE M	
STREET ADDRESS	898 CYPRESS LAKEVIEW CT	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPENCER, ROGER	
STREET ADDRESS	6 DORADO PLACE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MILAM, DAVID W	
STREET ADDRESS	10 N GLENWOOD AVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald G Schaffner	
STREET ADDRESS	1572 Glen Ct	
CITY-ST-ZIP	Dunedin FL 34698	
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: *Joan H. Casey* 4/19/02 352-799-0556  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)