

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N01146**

1. Entity Name

**SCOUT SERTOMA CLUB OF PINELLAS COUNTY, FLORIDA,****FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90031 045 \*\*\*\*61.25

0062723

Principal Place of Business

2520 9TH ST N  
PO BOX 7975  
ST. PETERSBURG FL 33734  
US

Mailing Address

2520 9TH ST N  
P. O. BOX 7975  
ST. PETERSBURG FL 33734  
US**00032306**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-2256621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BROOK, V. JOHN JR.**  
**2520 9TH ST N**  
**ST. PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **ROBINSON, R. MICHAEL**  
CITY-ST-ZIP **701 49 TH ST NO**  
**SAINT PETERSBURG FL 33710**TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **BROOK, V. JOHN JR.**  
CITY-ST-ZIP **139 16TH AVE. NORTH**  
**ST. PETERSBURG FL 33704**TITLE ☐ Delete  
NAME **DT**  
STREET ADDRESS **MINCE, MELISSA**  
CITY-ST-ZIP **11985 97TH AVE. N.**  
**SEMINOLE FL 33772**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33704**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **33772**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/01**

Date

**727-823-9800**

Daytime Phone #

CR2E037 (10/00)