

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90059 006 ****70.00

DOCUMENT # N04998

1. Entity Name

BETTER BUSINESS BUREAU OF WEST FLORIDA, INC.

Principal Place of Business

Mailing Address

5830 142ND AVENUE NORTH
 STE. B
 CLEARWATER FL 33760
 US

P. O. BOX 7950
 CLEARWATER FL 33758-7950
 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

59-2453220

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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

WHITE, PATRICIA S.
5830 142ND AVENUE, NORTH
STE. B
CLEARWATER FL 33760

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	VD	☐ Delete
NAME	NALVEN, KAREN	
STREET ADDRESS	5830 142ND AVE N., STE B	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD	☐ Delete
NAME	VERNICK, JACK	
STREET ADDRESS	5830 142ND AVENUE, NORTH, STE. B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	☐ Delete
NAME	WHITE, PATRICIA S.	
STREET ADDRESS	5830 142ND AVENUE, NORTH, STE. B	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	CD	☐ Delete
NAME	ROBERTS, EMELIE	
STREET ADDRESS	5830 142ND AVE N., STE B	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	SD	☐ Delete
NAME	ALEX, JIM	
STREET ADDRESS	5830 142ND AVE J STE B	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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 **3-2-2000 727 535-5609**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)