

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
 04-23-2002 90434 018 ****70.00

DOCUMENT # N04998

1. Entity Name

BETTER BUSINESS BUREAU OF WEST FLORIDA, INC.

Principal Place of Business

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

Mailing Address

**P. O. BOX 7950
 CLEARWATER FL 33758-950
 US**

2. Principal Place of Business

2653 McCormick Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

4. FEI Number

59-2453220

Applied For

Not Applicable

Zip

33759

Country

Zip

Country

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

Name

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

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

2653 McCormick Dr.

Clearwater

FL

**Zip Code
 33759**

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 ☒ Change ☐ Addition
 NAME **2653 McCormick Dr.**
 STREET ADDRESS **Clearwater, FL 33759**
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **VERNICK, JACK**
 STREET ADDRESS **5830 142ND AVENUE, NORTH, STE. B**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **2653 McCormick Dr.**
 STREET ADDRESS **Clearwater, FL 33759**
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **WHITE, PATRICIA S.**
 STREET ADDRESS **5830 142ND AVENUE, NORTH, STE. B**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **2653 McCormick Dr.**
 STREET ADDRESS **Clearwater, FL 33759**
 CITY-ST-ZIP

TITLE **CH** ☒ Delete
 NAME **ALEX, JIM**
 STREET ADDRESS **5830 142ND AVE J STE B**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☒ Change ☐ Addition
 NAME **CH**
 STREET ADDRESS **Brian Evans**
 CITY-ST-ZIP **2653 McCormick Dr.**
Clearwater, FL 33759

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia S. White, Patricia S. White 4/11/02 727-535-5609

Date

Daytime Phone #

CR2E037 (9/01)