

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0064659

DOCUMENT # N15205

1. Entity Name

PINELLAS COUNTY EDUCATION FOUNDATION, INC.

03-12-2001 90420 001 ****70.00

Principal Place of Business

Mailing Address

12090 STARKEY ROAD
 LARGO FL 33773
 US

12090 STARKEY ROAD
 LARGO FL 33773
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2688253

Applied For

Not Applicable

Zip

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

NEU, FRANCES Z
12090 STARKEY ROAD
LARGO FL 33773

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

[Handwritten 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 Delete
 NAME **D STAVROS, DR. GUS A.**
 STREET ADDRESS **111 SECOND AVE., N.E., #510**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HINESLEY, DR. J. HOWARD**
 STREET ADDRESS **P.O. BOX 2942 N/A**
 CITY-ST-ZIP **LARGO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CD AUSTIN, RICHARD P.**
 STREET ADDRESS **100 FOUNTAIN PARKWAY**
 CITY-ST-ZIP **ST. PETERSBURG FL 33716**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JOHNSON, BILL**
 STREET ADDRESS **1907 CALUMET STREET**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HOGAN, GERALD F.**
 STREET ADDRESS **405 CENTRAL AVE, SUITE 600**
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D LEE, MITCHELL R.**
 STREET ADDRESS **P.O. BOX 12248**
 CITY-ST-ZIP **ST. PETERSBURG FL 33733**

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-01

Date

Daytime Phone #

(714) 588-4816

CR2E037 (10/00)