

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-02-2001 90051 004 ****61.25

DOCUMENT # N17168

1. Entity Name

PINELLAS COUNTY VICTIM RIGHTS COALITION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 304
LARGO FL 33779
US

P.O. BOX 304
LARGO FL 33779
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

59-2725941

Applied For

Not Applicable

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

DAVIS, TARA
10750 ULMERTON RD
LARGO FL 33778

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, TARA L	
STREET ADDRESS	10750 ULMERTON RD	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRAYNOR, ANTHONY	
STREET ADDRESS	233 3RD ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CORONA, LOUIS	
STREET ADDRESS	645 PEECE STREET	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	PARL	<input checked="" type="checkbox"/> Delete
NAME	RYAN, CAROL	
STREET ADDRESS	300 EAST BAY DR	
CITY-ST-ZIP	LARGO FL 34640	
TITLE	RS	<input type="checkbox"/> Delete
NAME	WEICHEE, GABRIELLE AAA	
STREET ADDRESS	9455 KOGER BLVD SUITE 219	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	HIST	<input type="checkbox"/> Delete
NAME	HEINGER, PAT	
STREET ADDRESS	8800 49TH ST N. SUITE 410	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANITA CAPE	
STREET ADDRESS	PO Box 304	
CITY-ST-ZIP	LARGO, FL 33779	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAYNOR, Anthony	
STREET ADDRESS	233 3rd St N	
CITY-ST-ZIP	St Pete, FL 33701	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LISA SIGNORELLI	
STREET ADDRESS	2960 ROOSEVELT BLVD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	PARL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARG BEACHY CRS	
STREET ADDRESS	PO Box 11538	
CITY-ST-ZIP	St Pete, FL 33733	
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		

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

Date

Daytime Phone #

CR2E037 (10/00)