

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17168

1. Entity Name
PINELLAS COUNTY VICTIM RIGHTS COALITION, INC.

Principal Place of Business

P.O. BOX 304
LARGO FL 33779
US

Mailing Address

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

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

Name

DAVIS, TARA
10750 ULMERTON RD
LARGO FL 33778

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (10/00)

TITLE T
NAME DAVIS, TARA L
STREET ADDRESS 10750 ULMERTON RD
CITY-ST-ZIP LARGO FL 33778 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDIRECTOR
ANITA CAPE
PO Box 304
LARGO, FL 33778 Change AdditionTITLE D
NAME TRAYNOR, ANTHONY
STREET ADDRESS 233 3RD ST N
CITY-ST-ZIP ST PETERSBURG FL 33701 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDIRECTOR
TRAYNOR, Anthony
233 3rd St N
St Pete, FL 33701 Change AdditionTITLE D
NAME CORONA, LOUIS
STREET ADDRESS 645 PIECE STREET
CITY-ST-ZIP CLEARWATER FL 33756 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPDIRECTOR
LISA SIGNORELLI
3960 ROOSEVELT BLVD
CLEARWATER, FL 33760 Change AdditionTITLE PARL
NAME RYAN, CAROL
STREET ADDRESS 300 EAST BAY DR
CITY-ST-ZIP LARGO FL 34640 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPARL
MAR, Benchy CRs
PO Box 11538
St Pete, FL 33733 Change AdditionTITLE RS
NAME WEICHEE, GABRIELLE AAA
STREET ADDRESS 9455 KOGER BLVD SUITE 219
CITY-ST-ZIP ST. PETERSBURG FL 33702 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPRS
WEICHEE, GABRIELLE AAA
9455 KOGER BLVD SUITE 219
ST. PETERSBURG FL 33702 Change AdditionTITLE HIST
NAME HEINGER, PAT
STREET ADDRESS 8800 49TH ST N. SUITE 410
CITY-ST-ZIP PINELLAS PARK FL 33782 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPHIST
HEINGER, PAT
8800 49TH ST N. SUITE 410
PINELLAS PARK FL 33782 Change Addition

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: *John Frayne CCR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/01 (727)365-0844
Date Daytime Phone #