

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-14-2002 90303 033 ****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

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 \$81.25

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

TITLE	D	NAME	CAPE, ANITA	☒ Delete
STREET ADDRESS			PO BOX 304	
CITY-ST-ZIP			LARGO FL 33779	
TITLE	D	NAME	TRAYNOR, ANTHONY	☐ Delete
STREET ADDRESS			233 3RD ST N	
CITY-ST-ZIP			ST PETERSBURG FL 33701	
TITLE	D	NAME	SIGNERELLI, LISA	☒ Delete
STREET ADDRESS			2960 ROOSEVELT BLVD	
CITY-ST-ZIP			CLEARWATER FL 33760	
TITLE	D	NAME	PARL BEACHYCRS, MARQ	☐ Delete
STREET ADDRESS			PO BOX 11538	
CITY-ST-ZIP			ST. PETE FL 33733	
TITLE	D	NAME	WEICHEE, GABRIELLE AAA	☒ Delete
STREET ADDRESS			9455 KOGER BLVD SUITE 219	
CITY-ST-ZIP			ST. PETERSBURG FL 33702	
TITLE	D	NAME	HIST HEINGER, PAT	☒ Delete
STREET ADDRESS			8800 49TH ST N. SUITE 410	
CITY-ST-ZIP			PINELLAS PARK FL 33782	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PARLIAMENTARIAN	☒ Change ☐ Addition
NAME	CAPE, ANITA	
STREET ADDRESS	PO, BOX 304	
CITY-ST-ZIP	LARGO FL 33779	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	233 3RD ST N	
STREET ADDRESS	ST PETERS, FL 33701	
CITY-ST-ZIP		
TITLE	CO CHAIR	☒ Change ☐ Addition
NAME	SIGNORELLI, LISA	
STREET ADDRESS	2960 ROOSEVELT BLVD	
CITY-ST-ZIP	CLEARWATER, FL 33760	
TITLE	RS	☒ Change ☐ Addition
NAME	NORWE BORROW	
STREET ADDRESS	CLEARWATER P.D.	
CITY-ST-ZIP	645 PERCO ST	
	CLEARWATER, FL 33756	
TITLE	CORRESPONDING SEC.	☒ Change ☐ Addition
NAME	LYNN PEGGS - NUNEZ	
STREET ADDRESS	1221 TURNER ST. SATE 104/105	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	CO CHAIR	☒ Change ☐ Addition
NAME	ROB DEMORROW	
STREET ADDRESS	OFFICE OF STATE ATTORNEY	
CITY-ST-ZIP	14500 49th St. NORTH	
	CLEARWATER, FL 33760	

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

CF2E037 (9/01)