

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22733

1. Entity Name

GIFTED ASSOCIATION OF PINELLAS, INC.

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90514 011 ****61.25

0082914

Principal Place of Business

8800 49TH ST N.
STE. 401
PINELLAS PARK FL 33782
US

Mailing Address

8800 40TH ST N
STE. 401
PINELLAS PARK FL 33782
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

59-2886773

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

WINNER, JACKIE
8142 NORWOOD RD
LARGO FL 33777

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 PD ☐ Delete
NAME KOON, CHERLY
STREET ADDRESS 1206 WESTLEY STREET
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☒ Change ☐ Addition
NAME Koon, Cheryl
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FINOCCHIARO, JANE
STREET ADDRESS 3672 SIENA LANE
CITY-ST-ZIP PALM HARBOR FL 34685

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

TITLE TD ☐ Delete
NAME WINNER, JACKIE
STREET ADDRESS 8142 NORWOOD ROAD
CITY-ST-ZIP LARGO FL 33777

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

TITLE SD ☐ Delete
NAME OUZLEL, MONICA
STREET ADDRESS 8761 ORCHARD HIGHLANDS DRIVE
CITY-ST-ZIP PALM HARBOR FL 34684

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

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 Required Jackie Winner 2/19/01 727/545-3047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)