

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90097 043 ****61.25

DOCUMENT # N22733

1. Entity Name

GIFTED ASSOCIATION OF PINELLAS, INC.

Principal Place of Business

Mailing Address

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

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

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

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

TITLE
NAME VD
STREET ADDRESS OLNEY, JANA
CITY-ST-ZIP 800 DEL ORO DRIVE
SAFETY HARBOR, FL 34695 ☐ Change ☒ Addition

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

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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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

Jackie Winner 4/29/02 727/545-3047

Date

Daytime Phone #

CR2E037 (9/01)