

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23112

1. Entity Name

THE PINELLAS CENTER FOR THE VISUALLY IMPAIRED FO

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90223 005 ****70.00

Principal Place of Business

Mailing Address

6925 112 CIR N
S103
LARGO FL 33773
US

6925 112 CIR N
S103
LARGO FL 33773-5200
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2857561

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TIFFIN, JAY
5 DESOTO PL
BELLEAIR FL 34616

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
STREET ADDRESS
CITY-ST-ZIP
TD
TIFFIN, JAY
5 DESOTO PL
BELLEAIR FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WATSON, MURIEL
225 COUNTRY CLUB
LARGO FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GREEN, RICHARD
1010 DREW ST
CLEARWATER FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Comstock, Chris
1951 Michigan Ave NE
St. Petersburg, FL 33703 ☐ Change ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIPLE, RICHARD
3 DRUID PL
BELLEAIR FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Tiffin

1/13/2000 727-544-4433

Date

Daytime Phone #