

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26994

1. Entity Name

PINELLAS COUNTY COALITION FOR THE HOMELESS, INC.

Principal Place of Business

SANDERLIN CENTER
#23
ST. PETERSBURG FL 33702
US

Mailing Address

P O BOX 11195
ST. PETERSBURG FL 33733-1195
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

59-2935116

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

ROSE, GREGG E
2100 NURSERY RD
H-9
CLEARWATER FL 33764

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 ROSE, GREGG E
STREET ADDRESS 2100 NURSERY RD, H-9
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE VPD ☐ Delete
NAME KURTZ, DIANN
STREET ADDRESS 863 3RD AVE N
CITY-ST-ZIP ST PETERSBURG FL 33701

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

TITLE SD ☐ Delete
NAME BOCORGOMID, RENEE
STREET ADDRESS 1236 9TH ST N
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE TD ☐ Delete
NAME GIL, BETH
STREET ADDRESS 2310 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33712

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

TITLE D ☐ Delete
NAME SMITH, CLIFFORD
STREET ADDRESS 150 FIFTH STREET N
CITY-ST-ZIP ST. PETERSBURG FL 33701

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90047 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)