

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

02-26-2001 90514 022 \*\*\*\*61.25

0062638

**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  
 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 **TD**  
 STREET ADDRESS **ESCHENFELDER, BETH**  
 CITY-ST-ZIP **2310 CENTRAL AV**  
**ST PETERSBURG, FL 33712**

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)* Director Jan 4, 2001 351713281759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)