

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28313

1. Entity Name

PARTNERS IN SELF-SUFFICIENCY, INC.

Principal Place of Business

210 EWING AVE  
CLEARWATER FL 33756  
US

Mailing Address

P. O. BOX 960  
CLEARWATER FL 33757-0960  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2951437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, CANDY B  
741 Mandalay Ave  
CLEARWATER FL 33787

7. Name and Address of New Registered Agent

Name

Linda Chamberlain

Street Address (P.O. Box Number is Not Acceptable)

500 Park Avenue

City

Belleair

FL

Zip Code

33756

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

*Linda Chamberlain*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/6/00

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

TITLE D ☒ Delete  
NAME GARVEY, RITA  
STREET ADDRESS 1550 RIDGEWOOD ST  
CITY-ST-ZIP CLEARWATER FL

TITLE D ☒ Delete  
NAME RITZ, NANCY J.  
STREET ADDRESS P.O. BOX 1699  
CITY-ST-ZIP CLEARWATER FL 33771

TITLE D ☒ Delete  
NAME KAYLOR, NANCY  
STREET ADDRESS 1722 CYPRESS AVE  
CITY-ST-ZIP BELLEAIR FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice-Chair ☐ Change ☐ Addition  
NAME Bill Weller  
STREET ADDRESS 1053 Britton St.  
CITY-ST-ZIP Largo, FL 33770

TITLE Secretary ☐ Change ☐ Addition  
NAME Ken Hayes  
STREET ADDRESS 1926 Valley Drive  
CITY-ST-ZIP Dunedin, FL 34698

TITLE Treasurer ☐ Change ☐ Addition  
NAME Evelyn Bethell  
STREET ADDRESS 1100 Cleveland St., Suite 1500  
CITY-ST-ZIP Clearwater, FL 33755

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

TITLE ☐ Change ☐ Addition  
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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

Date

727-298-8524

Daytime Phone #