

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

001082

DOCUMENT # N30326

1. Entity Name

MINORITY LAW ENFORCEMENT PERSONNEL OF PINELLAS COUNTY, INC.

04-01-2002 90065 049 ****61.25

Principal Place of Business

Mailing Address

**PO BOX 5303
 LARGO FL 33779
 US**

**PO BOX 5303
 LARGO FL 33779
 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

59-2919879

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

**BRIGHT, LENDEL S.
 5861 COFFEE BEAN DR.
 CLEARWATER FL 34620**

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 **TD KIDD, ROBERT** ☐ Delete
 STREET ADDRESS **1101 10TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

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

TITLE
 NAME **DS BRIGHT, JEANETTE W.** ☐ Delete
 STREET ADDRESS **5861 COFFEE BEAN DR.**
 CITY-ST-ZIP **CLEARWATER FL 33670**

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

TITLE
 NAME **DP BRIGHT, LENDEL** ☐ Delete
 STREET ADDRESS **5861 COFFEE BEAN DR.**
 CITY-ST-ZIP **CLEARWATER FL 33670**

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

TITLE
 NAME **DVP HOWELL, LEIGHWYNN** ☐ Delete
 STREET ADDRESS **2540 GOMAZ WAY SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33670**

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
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 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 of Robert Kidd
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02

Date

727-582-6555

Daytime Phone #

CR2E037 (9/01)