

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/6/00-90107-003-\$61.25-\$61.25

DOCUMENT # N30620

1. Entity Name

READ PINELLAS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN -9 PM 4:20

Principal Place of Business  
C/O DIRECTOR OF ADULT & COMMUNITY ED.  
301 4TH ST SW  
LARGO FL 34640

Mailing Address  
C/O DIRECTOR OF ADULT & COMMUNITY ED.  
301 4TH ST SW  
LARGO FL 33770-3536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number: 59-2962210  
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

GILDRIE, VIRGINIA R.  
3035 66TH AVENUE NORTH  
#59  
ST. PETERSBURG FL 33702

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	LIENT, BRENDA	
STREET ADDRESS	12805 HARBORWOOD DR	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	APPLE, LISA	
STREET ADDRESS	5501 28 AVE S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCRAE, DONNA	
STREET ADDRESS	301 4TH ST SW	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, SANDY	
STREET ADDRESS	5401 S HERCULES AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Virginia R. Gildrie	
STREET ADDRESS	3035 66th Ave No 55	
CITY-ST-ZIP	St Petersburg, FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Licht	
STREET ADDRESS	12805 Harborwood Dr	
CITY-ST-ZIP	Largo, FL 33774	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Virginia R. Gildrie	
STREET ADDRESS	3035 66th Ave No 55	
CITY-ST-ZIP	St Petersburg, FL 33702	
TITLE	Dottie Ross	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Countryside HS	
STREET ADDRESS	300 State Rd 68	
CITY-ST-ZIP	Clearwater, FL 33761	
TITLE	Sandra Thurnby	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3521 Ivory Terr.	
STREET ADDRESS	New Port Richey, FL	
CITY-ST-ZIP	34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: USIGNATURE REQUIRED HERE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 (27) 393-5447  
Date Daytime Phone #

CR2E037 (9/99)