

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N30620

1. Entity Name

READ PINELLAS, INC.

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 34640

2. Principal Place of Business

3. Mailing Address

3035 66th Ave No 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#59

City & State

City & State

St. Petersburg, FL

Zip

Country

Zip

Country

33702

Pinellas

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LIGHT, BRENDA 12805 HARBORWOOD DR LARGO FL 33774	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GTDAL, VIRGINIA R 3035 66TH AVE., NO 59 ST PETERSBURG FL 33702	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, DOTTIE 300 STATE RD 58 CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THURSBY, SANDRA 3521 IVORY TERRACE NEW PORT RICHEY FL 34655	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Correction Gildrie, Virginia R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/8/01 (227) 525-0444
Date Daytime Phone #

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90003 027 ****61.25



DO NOT WRITE IN THIS SPACE

03-13-2001

CR2E037 (10/00)