

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90312 029 \*\*\*\*70.00

**DOCUMENT # N31226**

1. Entity Name

**PINELLAS NBL PARENTS COUNCIL, INC.**

Principal Place of Business

**7751 26TH AVE N  
 ST. PETERSBERG FL 33711**

Mailing Address

**P.O. BOX 48652  
 ST. PETERSBURG FL 33743**

00010041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2977828**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TIMOTHY R. MAYS  
 11248 121ST TERR N.  
 LARGO FL 33778**

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

*Timothy R. Mays*  
 Signature, typed or printed name of registered agent and title if applicable.

*Timothy R MAYS*

(NOTE: Registered Agent signature required when reinstating)

*1/27/01*

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 SHAW, RICK  
 STREET ADDRESS 4525 -41ST AVE N  
 CITY-ST-ZIP SAINT PETERSBURG FL 33714

TITLE VD ☐ Change ☒ Addition  
 NAME HUNTER MCGAUSHEY  
 STREET ADDRESS 13435 SOLVISTA DR  
 CITY-ST-ZIP LARGO FL 33704

TITLE VD ☐ Delete  
 NAME MAGIN, MARK  
 STREET ADDRESS 6803 119TH PLACE  
 CITY-ST-ZIP LARGO FL 33773

TITLE TD ☒ Change ☐ Addition  
 NAME MAGIN, MARK  
 STREET ADDRESS 6803 119TH PL.  
 CITY-ST-ZIP LARGO, FL.

TITLE TD ☒ Delete  
 NAME GOODRICH, KRISTI L  
 STREET ADDRESS 312 -87 AVE NE  
 CITY-ST-ZIP SAINT PETERSBURG FL 33702

TITLE D ☐ Change ☒ Addition  
 NAME JACKIE COUCH  
 STREET ADDRESS 8061 MOCKINGBIRD LANE  
 CITY-ST-ZIP SEMINOLE FL 33772

TITLE SD ☐ Delete  
 NAME MAGIN, AUDREY  
 STREET ADDRESS 6803 119TH PLACE  
 CITY-ST-ZIP LARGO FL 33773

TITLE D ☐ Change ☒ Addition  
 NAME GARY TERPAK  
 STREET ADDRESS 1725 1/2 23RD AVE ND.  
 CITY-ST-ZIP ST. PETE FL. 33713

TITLE D ☐ Delete  
 NAME MAYS, TIMOTHY  
 STREET ADDRESS 11248 -121ST TERR N  
 CITY-ST-ZIP LARGO FL 33778

TITLE PD ☒ Change ☐ Addition  
 NAME MAYS, TIMOTHY  
 STREET ADDRESS 11248 121ST TERR N  
 CITY-ST-ZIP LARGO, FL. 33778

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
 NAME JEFF WISSLER  
 STREET ADDRESS 1185 STEWART DRIVE  
 CITY-ST-ZIP DUNEDIN, FL 34698

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: *LS MAGIN* TRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/26/01*

Date

*727-532-4850*

Daytime Phone #

CR2E037 (10/00)