

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38667

1. Entity Name

THE PINELLAS COMMUNITY CENTER, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90035 023 \*\*\*\*61.25

Principal Place of Business  
1501 NORTH BELCHER ROAD  
SUITE 225  
CLEARWATER FL 34625

Mailing Address  
1501 NORTH BELCHER ROAD  
SUITE 225  
CLEARWATER FL 33765-1339

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0202114

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

ABDO, MARK  
1501 NORTH BELCHER ROAD  
SUITE 225  
CLEARWATER FL 34625

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	DV	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, HOYT	
STREET ADDRESS	2020 CORONET LANE	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	DT	<input type="checkbox"/> Delete
NAME	APPELT, JIM	
STREET ADDRESS	29605 US 19 N., STE 140	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	GIORDANO, GARY	
STREET ADDRESS	1046 CHINABERRY RD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MACNILER, EBE	
STREET ADDRESS	1130 CLEVELAND ST	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Past President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Ebe MacNider-Bower	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A.V. "Bud" Terry	
STREET ADDRESS	3127 Swan Lane	
CITY-ST-ZIP	Safety Harbor, FL 34695	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFE037 (9/99)

1/18/00 727-726-2029