

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90052 043 ****61.25

DOCUMENT # N38667

1. Entity Name

THE PINELLAS COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

1501 NORTH BELCHER ROAD
 SUITE 225
 CLEARWATER FL 34625

1501 NORTH BELCHER ROAD
 SUITE 225
 CLEARWATER FL 34625

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

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	TERRY, AV BUD	
STREET ADDRESS	3127 SWAN LN	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	APPELT, JIM	
STREET ADDRESS	29605 US 19 N., STE 140	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GIORDANO, GARY	
STREET ADDRESS	1046 CHINABERRY RD	
CITY-ST-ZIP	CLEARWATER FL 34624	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MACNIDER BOWER, 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schoenig, Walt	
STREET ADDRESS	2428 Fairbanks Dr.	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weaver, Charles	
STREET ADDRESS	12507 Bronco Dr	
CITY-ST-ZIP	Tampa FL 33626	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Appelt, Jim	
STREET ADDRESS	29605 US 19 N, Ste 140	
CITY-ST-ZIP	Clearwater FL 33765	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tyler, Scott	
STREET ADDRESS	4625 East Bay Dr. #201	
CITY-ST-ZIP	Clearwater FL 33764	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry, AV Bud	
STREET ADDRESS	3127 Swan Ln	
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:

Charles Trip Weaver
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)