

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38878

1. Entity Name

THE BOYS CLUBS OF PINELLAS COUNTY ENDOWMENT FUND

Principal Place of Business

5111 66TH ST., N.  
SUITE 200  
ST. PETERSBURG FL 33709  
US

Mailing Address

5111 66TH ST., N.  
SUITE 200  
ST. PETERSBURG FL 33709-3141  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3071580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRI, NELSON  
5111 66TH ST., N.  
SUITE 200  
ST. PETERSBURG FL 33709

Name

Carl R Lavender Jr.

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 TD ☒ Delete  
NAME FINE, EDWARD W  
STREET ADDRESS 4824 SECOND AVENUE, SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE VD ☐ Delete  
NAME COATS, JAMES F.  
STREET ADDRESS 250 ULMERTON RD.  
CITY-ST-ZIP LARGO FL

TITLE VD ☐ Delete  
NAME ZUROWSKI, TERRY L.  
STREET ADDRESS 7901 66TH STREET NORTH  
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE PD ☐ Delete  
NAME RICARDO, RONALD M  
STREET ADDRESS 1401 COURT STREET  
CITY-ST-ZIP CLEARWATER FL 33756

TITLE SD ☒ Delete  
NAME GALLOWAY, BARBARA  
STREET ADDRESS 880 CARILLON PARKWAY  
CITY-ST-ZIP ST PETERSBURG FL 33713

TITLE D ☐ Delete  
NAME GUARINO, JOHN  
STREET ADDRESS 424 CENTRAL AVENUE, STE. 1000  
CITY-ST-ZIP ST. PETERSBURG FL 33701-3828

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☐ Addition  
NAME Joseph A Lupacchino  
STREET ADDRESS 9275 Park Blvd.  
CITY-ST-ZIP Seminole, FL 33777

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☐ Addition  
NAME Hugh Ann Cason-Kelly  
STREET ADDRESS 240 Sand Key Estates Drive #81  
CITY-ST-ZIP Clearwater, FL 33767

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 #

FILED  
Aug 01, 2000 8:00 am  
Secretary of State

08-01-2000 90091 001 \*\*\*\*61.25

08-01-2000 90091 002 \*\*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR 1037 (5/99)