2001 UNIFORM BUSINESS REPORT (UBR) May 05, 2001 8:00 am § Secretary of State **DOCUMENT # N38878** 1. Entity Name THE BOYS CLUBS OF PINELLAS COUNTY ENDOWMENT FUND 05-05-2001 90622 001 ***140.00 Principal Place of Business Mailing Address 5111 66TH ST., N. 5111 66TH ST., N. 40848 SUITE 200 SUITE 200 ST. PETERSBURG FL 33709 ST. PETERSBURG FL 33709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3071580 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PERRI; NELSON-5111 66TH ST., N. SUITE 200 City Zip Code ST. PETERSBURG FL 33709 8. The above named entity summits this statement for merourpose 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 applica DATE **FILE NOW:** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LUPACCHINO, JOSEPH NAME STREET ADDRESS STREET ADDRESS 4824 SECOND AVENUE, SOUTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33711 Change ☐ Addition TITLE ☐ Delete TITLE COATS, JAMES F. NAME NAME STREET ADDRESS 250 ULMERTON RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition VD ____Delete TITLE Change TITLE ZUROWSKI, TERRÝ L. NAMÉ NAME STREET ADDRESS 7901 66TH STREET NORTH STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIF PD TITLE Delete TITLE Change ☐ Addition RICARDO, RONALD M NAME STREET ADDRESS 1401 COURT STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 TITLE SD ☐ Delete TITLE ☐ Change ☐ Addition HUGH ANN, CASON-KELLY NAME NAME

12. I hereby certify that the information supplied withithis 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 received 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITI F

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

880 CARILLON PARKWAY

GUARINO, JOHN

ST PETERSBURG FL 33713

424 CENTRAL AVENUE, STE. 1000

ST. PETERSBURG FL 33701-3828

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

4/18/01

(727) 546-1632

Davtime Phone #

Change

Addition