

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44163

1. Entity Name

THE PILGRIMAGE, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90098 044 ****61.25

0003210

Principal Place of Business
556 1/2 CLEARWATER/LARGO RD
LARGO FL 33770
US

Mailing Address
P.O. BOX 5204
CLEARWATER FL 33758
US

2. Principal Place of Business
2114 DREW STREET
Suite, Apt. #, etc.
"E"

3. Mailing Address
SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER, FL

City & State

4. FEI Number 59-3072288
Applied For
Not Applicable

Zip
33765

Country
PINELLAS

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CLARK, GERTRUDE J.
2019 CORONET LANE
CLEARWATER FL 33764-3742

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	SD WHARTON, MARTHA 1373 FAIRFAX RD CLEARWATER FL 33764-3722	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALTBY, DIANE 36 COUNTRY CLUB LARGO FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLARK, GERTRUDE J. 2019 CORONET LANE CLEARWATER FL 33764-3742	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BERCHER, MARLENE E 2008 NURSERY RD CLEARWATER FL 33764	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOLLY, JEAN 713 S DELAWARE TAMPA FL 33606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALTBY, DIANE 36 COUNTRY CLUB DR. LARGO FL 33771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT EICHELBURGER, MARLENE E. 2008 NURSERY RD CLEARWATER FL 33764	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FITZGERALD, DONNA 370 B PINELLAS BAYWAY TIERRA VERDE, FL 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS-SHAMON, LAURIE 1499 CHUKAR RIDGE PALM HARBOR FL 34683	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: GERTRUDE N. CLARK, TREASURER 1/9/01 (727)531-6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)