

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-01-2000 90062 039 ****61.25

DOCUMENT # N46797

1. Entity Name
KEEP PINELLAS COUNTY BEAUTIFUL, INC.

Principal Place of Business 2144 SUNNYDALE BLVD. CLEARWATER FL 33765 US	Mailing Address 2144 SUNNYDALE BLVD. CLEARWATER FL 33765-1276 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **65-0309717** Applied For Not

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LAPORTE, ANTHONY J 2144 SUNNYDALE BLVD. CLEARWATER FL 33765		7. Name and Address of New Registered Agent Name Maureen Milano Street Address (P.O. Box Number is Not Acceptable) 2144 Sunnydale Blvd City Clearwater FL Zip Code 33765	
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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 Maureen Milano *Maureen Milano* 1/5/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME CD SWINT, DOROTHEA	<input checked="" type="checkbox"/> Delete	TITLE NAME CD Mary Story	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2144 SUNNYDALE BLVD. CLEARWATER FL 33765		STREET ADDRESS 2144 Sunnydale Blvd Clearwater, FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME CD STORY, MARY	<input type="checkbox"/> Delete	TITLE NAME STD- Maureen Milano	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2144 SUNNYDALE BLVD. CLEARWATER FL 33765		STREET ADDRESS 2144 Sunnydale Blvd Clearwater, FL 33765	
TITLE NAME STD MAXWELL, LOIS	<input checked="" type="checkbox"/> Delete	TITLE NAME D- William McCann	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2144 SUNNYDALE BLVD. CLEARWATER FL 33765		STREET ADDRESS 2144 Sunnydale Blvd Clearwater, FL 33765	
TITLE NAME D JAMES, ERIC	<input checked="" type="checkbox"/> Delete	TITLE NAME D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2144 SUNNYDALE BLVD. DUNEDIN FL 33765		STREET ADDRESS	
TITLE NAME D MARK, BEAMER	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2144 SUNNYDALE BLVD. CLEARWATER FL 33765		STREET ADDRESS	
TITLE NAME D VIMOND, FRED	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2144 SUNNYDALE BLVD. CLEARWATER FL 33765		STREET ADDRESS	

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 REQUIRED 1/5/00 727-467-2790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #