

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**  
03-15-2001 90191 019 \*\*\*\*70.00

**DOCUMENT # N46797**

1. Entity Name

**KEEP PINELLAS COUNTY BEAUTIFUL, INC.**

Principal Place of Business

Mailing Address

**2144 SUNNYDALE BLVD.  
CLEARWATER FL 33765  
US**

**2144 SUNNYDALE BLVD.  
CLEARWATER FL 33765  
US**

**00025182**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**37560 US 19 North  
Suite, Apt. #, etc.**

**P.O. Box 901  
Suite, Apt. #, etc.**

City & State  
**Palm Harbor, FL**

City & State  
**Tarpon Springs, FL**

4. FEI Number  
**65-0309717**

Applied For  
Not Applicable

Zip Country  
**34684 USA**

Zip Country  
**34688-0901 USA**

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

**MILANO, MAUREEN  
2144 SUNNYDALE BLVD.  
CLEARWATER FL 33765**

Name  
**Maureen Milano**  
Street Address (P.O. Box Number is Not Acceptable)  
**37560 US 19 North**  
City  
**Palm Harbor FL** Zip Code  
**34684**

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**

**3-13-01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD STORY, MARY 2144 SUNNYDALE BLVD. CLEARWATER FL 33765</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD MILANO, MAUREEN 2144 SUNNYDALE BLVD. CLEARWATER FL 33765</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MCCANN, WILLIAM 2144 SUNNYDALE BLVD. CLEARWATER FL 33765</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARK, BEAMER 2144 SUNNYDALE BLVD. CLEARWATER FL 33765</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VIMOND, FRED 2144 SUNNYDALE BLVD. CLEARWATER FL 33765</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD William McCann 37560 US 19N, Palm Harbor FL 34684</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec/Treas/D Susan Dove 37560 US 19N, Palm Harbor FL 34684</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Mary Story 37560 US 19n, Palm Harbor FL 34684</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Eric James 37560 US 19N, Palm Harbor, FL 34684</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rosario Cannistraro 37560 US 19N, Palm Harbor, FL 34684</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/13/01**

**727-945-9778**

Date

Daytime Phone #

CR2E037 (10/00)