## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: WATHER AMUSEDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # N48660** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name KEEP PINELLAS CITIES BEAUTIFUL, INC. 04-07-2000 90008 026 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O. BOX 1582 1530 WINFIELD ROAD WEST **CLEARWATER FL 33757-1582** CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3210169 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SANDERS, WILLIAM M 1530 WINFIELD RD W **CLEARWATER FL 33759** City 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 and the State of FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Delete **X** Addition SD TITLE TITLE FRED HELD NAME 7700 54NISLAND D#601 LEE, PATTI NAME STREET ADDRESS STREET ADDRESS 5831 64TH ST N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33709 Addition ☐ Change ☐ Delete TITLE TITLE PD NAME NAME STEBELTON, AGNES STREET ADDRESS STREET ADDRESS 1868 SHORE DRIVE S. #311 CITY-ST-ZIP\_\_ CITY-ST-ZIP S. PASADENA FL 33707 Change ☐ Addition TITLE TD Delete TITLE NAME NAME MALKIN, CAROL STREET ADDRESS STREET ADDRESS 12546 CAPR. CIRCLE N. CITY-ST-70P CITY-ST-ZIP TREASURE ISLAND FL 33706 Change Change Addition TITLE Delete BUDZINSKI JEAN 700 CARRI BLUD TREASTRE ISLAND FL 33706 NAME NAME **BUDINSKI, JEAN** STREET ADDRESS STREET ADDRESS 700 CAPRI BLVD CITY-ST-ZIP CITY-ST-ZIP Treasure Island FL 33706 ☐ Addition ☐ Delete TITLE TITLE NAME SANDERS, WILLIAM M NAME STREET ADDRESS STREET ADDRESS 1530 WINFIELD RD W CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 TITLE ☐ Change ☐ Addition Delete Delete TITLE DUCKZH, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 2419 14TH AVE N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33713 12. Thereby certify that the information supplied with this filling 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.