

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90012 032 ****61.25

DOCUMENT # N48660

1. Entity Name

KEEP PINELLAS CITIES BEAUTIFUL, INC.

Principal Place of Business

**1530 WINFIELD ROAD WEST
 CLEARWATER FL 33756
 US**

Mailing Address

**P.O. BOX 1582
 CLEARWATER FL 33757
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3210169**

Applied For
 Not Applicable

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

**SANDERS, WILLIAM M
 1530 WINFIELD RD W
 CLEARWATER FL 33759**

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
 After September 12, 2001, min. will be \$236.25**

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 **SD**
 STREET ADDRESS **LEE, PATTI**
 CITY-ST-ZIP **5831 64TH ST N
 SAINT PETERSBURG FL 33709** ☒ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP *See attached*

TITLE
 NAME **PD**
 STREET ADDRESS **STEBELTON, AGNES**
 CITY-ST-ZIP **1868 SHORE DRIVE S. #311
 S. PASADENA FL 33707** ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **TD**
 STREET ADDRESS **MALKIN, CAROL**
 CITY-ST-ZIP **12546 CAPR. CIRCLE N.
 TREASURE ISLAND FL 33706** ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **VD**
 STREET ADDRESS **BUDINSKI, JEAN**
 CITY-ST-ZIP **700 CAPRI BLVD
 TREASURE ISLAND FL 33706** ☒ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **M**
 STREET ADDRESS **SANDERS, WILLIAM M**
 CITY-ST-ZIP **1530 WINFIELD RD W
 CLEARWATER FL 33756** ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D**
 STREET ADDRESS **DUCKZH, LINDA**
 CITY-ST-ZIP **2419 14TH AVE N
 SAINT PETERSBURG FL 33713** ☒ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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: *William M Sanders* **WILLIAM M SANDERS**

6-30-01 727-446-005

CR2E037 (5/01)

**KEEP PINELLAS CITIES
BEAUTIFUL, INC.**

~~#~~N48660
D0058969