

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90204 021 \*\*\*\*61.25

**DOCUMENT # N92000000483**

1. Entity Name  
**PROBATIONER'S EDUCATIONAL GROWTH ADVISORY COUNCIL, INC.**



Principal Place of Business

**7621 LITTLE RD  
STE D150  
NEW PORT RICHEY FL 34654  
US**

Mailing Address

**7621 LITTLE RD  
STE D150  
NEW PORT RICHEY FL 34654  
US**

2. Principal Place of Business

**7817 Congress Street**

3. Mailing Address

**7817 Congress Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**New Port Richey, FL**

City & State  
**New Port Richey, FL**

4. FEI Number **59-3192064**

Applied For

Not Applicable

Zip  
**34653**

Country  
**USA**

Zip  
**34653**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**GLASS, BRENDA J  
7621 LITTLE RD  
STE D150  
NEW PORT RICHEY FL 34654**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**7817 Congress Street**

City

**New Port Richey**

**FL**

Zip Code  
**34653**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Brenda J. Glass, Executive Director 4-21-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **TEPPER, JUDGE L**  
STREET ADDRESS **38053 LIVE OAK AVE RM 106C**  
CITY-ST-ZIP **DADE CITY FL**

TITLE **T** ☒ Delete  
NAME **BAREISS, ROBERT A**  
STREET ADDRESS **10301 BELLWOOD AVENUE**  
CITY-ST-ZIP **NEW PORT RICHEY-FL**

TITLE **S** ☐ Delete  
NAME **JENKINS-BROWN, SALATHEIA**  
STREET ADDRESS **26 E. UNIVERSITY AVE**  
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **ED** ☐ Delete  
NAME **GLASS, BRENDA**  
STREET ADDRESS **7621 LITTLE ROAD, STE 200**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **VP** ☒ Delete  
NAME **LYNCH, RICHARD**  
STREET ADDRESS **102 DOGWOOD LN**  
CITY-ST-ZIP **SHEPHERDSTOWN WV 25443**

TITLE **D** ☐ Delete  
NAME **JENKINS, DALE**  
STREET ADDRESS **3209 VIRGINIA AVENUE**  
CITY-ST-ZIP **FORT PIERCE FL 34981**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **T/D** ☐ Change ☒ Addition  
NAME **Adey Reyes (Pasco Community Services)**  
STREET ADDRESS **8620 Galen Wilson Blvd**  
CITY-ST-ZIP **Pt. Richey, FL 34668**

TITLE **V/D** ☒ Change ☐ Addition  
NAME **same**  
STREET ADDRESS **same**  
CITY-ST-ZIP **same**

TITLE **same** ☒ Change ☐ Addition  
NAME **same**  
STREET ADDRESS **7817 Congress Street**  
CITY-ST-ZIP **New Port Richey, FL 34653**

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

TITLE **S/D** ☒ Change ☐ Addition  
NAME **same**  
STREET ADDRESS **same**  
CITY-ST-ZIP **same**

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:

**Brenda J. Glass, Exec Dir 4-21-03 727-264-0023**

CR2E037 (10/02)