

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000771

1. Entity Name

PINELLAS ASSOCIATION OF WHEELCHAIR TRANSPORTATIO

Principal Place of Business

5880 49TH ST N
STE N-204
ST PETERSBURG FL 33709

Mailing Address

5880 49TH ST N
STE N-204
ST PETERSBURG FL 33709-2150

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

59-3152386

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

GREEN, JAMES L
C/O VIP WHEELCHAIR TRANSPORT, INC.
5880 49TH STREET N., STE. N-204
ST. PETERSBURG FL 33709

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

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 PD ☐ Delete
NAME HOEL, WILLIAM R
STREET ADDRESS 4923 71ST AVE N
CITY-ST-ZIP ST. PETERSBURG FL 33781

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

TITLE SD ☐ Delete
NAME GREEN, JAMES L
STREET ADDRESS 5880 49TH ST N STE N-204
CITY-ST-ZIP ST. PETERSBURG FL 33709

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

TITLE ~~TD~~ ☒ Delete
NAME ~~WISE, JAMES N~~
STREET ADDRESS ~~13400 WALSHINGHAM RD~~
CITY-ST-ZIP ~~LARGO FL 34644~~

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

TITLE ~~TD~~
NAME ~~Williams, George B., Jr.~~
STREET ADDRESS ~~150 Commerce Dr N~~
CITY-ST-ZIP ~~Large, FL 33770~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: James L. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00 (727) 530-3181
Date Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90020 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)