

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90001 047 ****61.25

0061816

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

817954



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5670-54th Ave N

Suite, Apt. #, etc.

A2

3. Mailing Address

P.O. Box 17334

Suite, Apt. #, etc.

City & State

Kenneth City, FL

City & State

Kleerwater, FL

4. FEI Number

59-3152386

Applied For

Not Applicable

Zip

33709

Country

Pinellas

Zip

33762

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

5670-54th Ave N

ste A2

City

Kenneth City, FL

FL

Zip Code

33709

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

James L. Green, Secretary James L Green

3/12/01

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

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

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

TITLE **TD** ☐ Delete
NAME **WILLIAMS, GEORGE B JR**
STREET ADDRESS **150 COMMERCE DR N**
CITY-ST-ZIP **LARGO FL 33770**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **5670-54th Ave. N., Ste A2**
CITY-ST-ZIP **Kenneth City, FL 33709**

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

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

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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, Secretary James L Green** **3/12/01 (727) 530-3181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)