

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90465 032 ****61.25

DOCUMENT # *N93000001950*

1. Entity Name *PINELLAS HOMESTEAD PROJECT, INC.*

Principal Place of Business

Mailing Address

*3565 CYPRESS TERRACE NORTH
 PINELLAS PARK, FL 33781 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

59-3197037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

*LORI OLIVIER
 3565 CYPRESS TERRACE N.
 PINELLAS PARK FL 33781*

7. Name and Address of New Registered Agent

Name *VICKIE JUSTICE*

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

3565 CYPRESS TERRACE N.

City

PINELLAS PARK,

FL

Zip Code

33781

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

Vickie Justice

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent's signature required when reinstating)

DATE

5-1-01

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT HOWARD CALHOUN HOFACKER + ASSOC. INC. 888 62ND AVENUE N. ST. PETERSBURG FL 33702</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>JOE RAETANO PINELLAS COUNTY COMMUNITY DEV 600 CLEVELAND ST. SUITE 800 CLEARWATER FL 33755</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER LISA FURNELL 710 CARILLON PARKWAY. ST. PETERSBURG FL 33716</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR ROBERT VANDERLAAN 2501 US ALT. 19 PALM HARBOR FL 34683</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>EXECUTIVE DIRECTOR LORI OLIVIER 3565 CYPRESS TERRACE N. PINELLAS PARK FL 33781</i>	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR DEBRA GRAY 33451 US HWY 19 PALM HARBOR FL 34684</i>	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>EXECUTIVE DIRECTOR VICKIE JUSTICE 3565 CYPRESS TERRACE N. PINELLAS PARK FL 33781</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR MICHAEL J. FABIANO 5300 W. CYPRESS STREET SUITE 280 TAMPA FL 33607</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

Vickie Justice

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01 727-528-4663

Date

Daytime Phone #

CR2E037 (11/00)