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

DOCUMENT # N9300001950

1. Entity Name

PINELLAS HOMESTEAD PROJECT, INC.



FILED Jan 13, 2003 8:00 am **Secretary of State**

01-13-2003 90417 023 ****61.25

3565 CYPRESS TERRACE NORTH 3565		PINELLAS PARK FL 33781	565 CYPRESS TERRACE NORTH INELLAS PARK FL 33781				
Principal Place of Business 3. N		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-	4. FEI Number 59-3197837		plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Statu		\$8.75 Add	litional
	6. Name and Address of Current	Registered Agent	7. Name and Address of New Registered Agent				
			Name				
JUSTICE, VICKIE 3565 CYPRESS TERRACE NORTH PINELLAS PARK FL 33781			Street Address	P.O. Box Number is Not Acceptable)			
PINELLAS	PARK FL 33/81		City		FL	Zip Code	
SIGNATURE	ns of registered agent. Ignature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	gistered Agent signature required	d when reinstating)	DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.		Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRI	ECTORS IN	10
STREET ADDRESS 1	RATANO, JOE 1157 SARAH CT DUNEDIN FL 34698	Delete	TITLE NAME STREET ADDRESS RITY-ST-ZIP ST-ZIP	ESIDENT UARD CAL 8 62M AV	HOUN	Change	Addition
NAME V STREET ADDRESS 6	/P /IGNA, VICKI 1990 82ND AVE. N PINELLAS PARK FL 33781	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AY NERI	5+. N.	☐ Change	Addition
TITLE S NAME F STREET ADDRESS 7	THELLAS PAIN PE 33701 ST FURNELL, LISA————————————————————————————————————		TITLE SAME STREET ADDRESS CITY-ST-ZIP	TETERS B ANE GAL 1200 HIS		. <u>33 n</u> □ Change - #3	Addition 372
TITLE E	D USTICE, VICKIE	☐ Delete	TITLE CA	ME E.D.	UK, I FI		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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

 \mathcal{I} oh \mathcal{N}

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

3565 CYPRESS TERRACE NORTH

PINELLAS PARK FL 33781

SAINT PETERSBURG FL 33702

SAINT PETERSBURG FL 33703

CALHOUN, HOWARD

888 62ND AVE N

BROCK, KIMBERLY

5721 4TH ST. N

☐ Delete

Delete

1-6-03

Braumuller Change

8th AVE. S.W.

727-528-4663

Addition