

2600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003815

1. Entity Name

PINELLAS COUNTY ROOFING CONTRACTORS ASSOCIATION.

Principal Place of Business

P.O. BOX 4985
CLEARWATER FL 33758
US

Mailing Address

P.O. BOX 4985
CLEARWATER FL 33758-4985
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

59-3195251

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

REVELS, TIM
11408 131 AVE. N.
LARGO FL 33778

Name

Jim Borst

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

1041 Kapp Dr.

City

Clw., FL

FL

Zip Code
33765

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

Tim Revels, Out going President

1-18-00

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 P ☒ Delete
NAME REVELS, TIM
STREET ADDRESS 11408 131 AVE. N.
CITY-ST-ZIP LARGO FL 33778

TITLE P ☐ Change ☒ Addition
NAME Borst, Jim
STREET ADDRESS 1041 Kapp Dr.
CITY-ST-ZIP Clw., FL 33765

TITLE V ☒ Delete
NAME BORST, JAMES
STREET ADDRESS 1091 KAPP DR.
CITY-ST-ZIP CLEARWATER FL 33765

TITLE V ☐ Change ☒ Addition
NAME Spicer, Sharon E.
STREET ADDRESS 10855 Vonn Rd.
CITY-ST-ZIP Largo, FL 33774

TITLE S ☒ Delete
NAME JOHNSON, SUSANNE
STREET ADDRESS 1115 PONCE DE LEON BLVD.
CITY-ST-ZIP BELLEAIR FL 33756

TITLE S ☐ Change ☒ Addition
NAME Revels, Eva
STREET ADDRESS 12700 AUTOMOBILE Blvd.
CITY-ST-ZIP Clw., FL 33762

TITLE D ☒ Delete
NAME PATTERSON, MARON
STREET ADDRESS 805 PARK STREET
CITY-ST-ZIP CLARWATER FL 33756

TITLE T ☐ Change ☒ Addition
NAME Patterson, Maron
STREET ADDRESS 3201 39th Ave N
CITY-ST-ZIP St. Pete., FL 33714

TITLE D ☐ Delete
NAME HERBERLIN, BILL
STREET ADDRESS 13003 60TH ST N
CITY-ST-ZIP CLEARWATER FL

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

TITLE T ☒ Delete
NAME BORST, JIM
STREET ADDRESS 132 10TH AVE N SUITE 101
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE D ☐ Change ☒ Addition
NAME Sharp, Randy E.
STREET ADDRESS 6546 125th Ave. E.
CITY-ST-ZIP Parrish, FL 34219

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Revels President 1-18-00

727-561-0547

Date

Daytime Phone #