

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90106 001 \*\*\*\*73.75

**DOCUMENT # N94000001399**

1. Entity Name

**REFUGE PINELLAS, INC.**

Principal Place of Business

Mailing Address

2235 CENTRAL AVE  
 ST PETE FL 33713  
 US

4434 6 AVE N  
 ST. PETE FL 33705

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

**59-3281311**

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

**WILL, SCOTT**  
**255 CATALAN BLVD NE**  
**ST. PETERSBURG FL 33704**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 min. will be \$236.25.**

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	D	<input type="checkbox"/> Delete
NAME	WRIGHT, BRUCE	
STREET ADDRESS	4434 6TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, JACK	
STREET ADDRESS	300 PARK BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCUTCHEN, JOE	
STREET ADDRESS	1543 HWY 138 S.E., SUITE 336	
CITY-ST-ZIP	CONYERS GA 30013	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCREE, CALVIN	
STREET ADDRESS	2901 17 ST N	
CITY-ST-ZIP	ST PETE FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DON	
STREET ADDRESS	2215 SUNSET DRIVE	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILEY, JIM	
STREET ADDRESS	240 WHALEN AVE	
CITY-ST-ZIP	SICKLERVILLE NJ 08081	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*

9/11/02

727512-0596

CR2E037 (4/02)