

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001733

1. Entity Name

UPPER PINELLAS INTERFAITH VOLUNTEER CAREGIVERS,

Principal Place of Business

Mailing Address

5 PATRICIA AVE.
DUNEDIN FL 34698

5 PATRICIA AVE.
DUNEDIN FL 34698-8102

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

59-3248081

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

CAREY, JOSEPH G
5 PATRICIA AVE.
DUNEDIN FL 34698

Name PATRICIA K. SOVONICK, Ph.D

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

1818 ALBERTA DR.

City CLEARWATER

FL

Zip Code 33756

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

Patricia K. Sovonick

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/00

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 SD
NAME BLAINEY, FRANK
STREET ADDRESS 2625 COLONY DR
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

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

TITLE PD
NAME SOVONICK, PATRICIA K
STREET ADDRESS 66 JASPER ST E
CITY-ST-ZIP LARGO FL 33770 ☐ Delete

TITLE
NAME
STREET ADDRESS 1818 ALBERTA DR.
CITY-ST-ZIP CLEARWATER, FL 33756 ☒ Change ☐ Addition

TITLE VD
NAME CAREY, JOSEPH G
STREET ADDRESS 5 PATRICIA AVE
CITY-ST-ZIP DUNEDIN FL 34698 ☒ Delete

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

TITLE TD
NAME FINCHUM, TRAVIS
STREET ADDRESS 1095 MARY JANE LANE
CITY-ST-ZIP DUNEDIN FL 34698 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SD
NAME REINIGER, CARLA
STREET ADDRESS 914 WYNGATE CT.
CITY-ST-ZIP SAFETY HARBOR, FL 34695 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

Travis D. Finchum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00

727 669-5500

Date

Daytime Phone #

CR2E037 (9/99)