

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90084 005 \*\*\*\*70.00

**DOCUMENT # N94000001733**

1. Entity Name

**UPPER PINELLAS INTERFAITH VOLUNTEER CAREGIVERS, INC.**

Principal Place of Business

Mailing Address

**5 PATRICIA AVE.  
DUNEDIN FL 34698**

**5 PATRICIA AVE.  
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3248081**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOVONICK, PATRICIA K PHD  
1818 ALBERTA DR  
CLEARWATER FL 33756**

Name

**DAVID M. CROWTHER**

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

**492 LAKEVIEW DR., UNIT 40**

City

**PALM HARBOR**

**FL**

Zip Code

**34683**

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

*David M. Crowther*

**2-14-02**

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 ☐ Delete  
NAME **PD CROWTHER, DAVID M**  
STREET ADDRESS **492 LAKEVIEW DR UNIT 40**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

TITLE ☒ Delete  
NAME **VD SOVONICK, PATRICIA K**  
STREET ADDRESS **1818 ALBERTA DR**  
CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☒ Change ☐ Addition  
NAME **VD FINCHUM, TRAVIS D.**  
STREET ADDRESS **1095 MARY JANE LANE**  
CITY-ST-ZIP **DUNEDIN, FL 34698**

TITLE ☐ Delete  
NAME **TD COMFORT, JEAN M**  
STREET ADDRESS **1103 CHARLES ST**  
CITY-ST-ZIP **CLEARWATER FL 33755**

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

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

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

TITLE ☐ Delete  
NAME **SD RUPP, MARILYN**  
STREET ADDRESS **1810 OAKMONT CT**  
CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*David M. Crowther*

**2-14-02**

**727 7865297**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)