

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91283 037 \*\*\*\*61.25

**DOCUMENT # N95000004046**

1. Entity Name

**PINELLAS SAC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9255 2ND ST. N  
 ST PETERSBURG FL 33702  
 US

9255 2ND ST N  
 ST PETERSBURG FL 33702  
 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

**NOT APPLICABLE**

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

**ROWLEY, VICTOR**  
**9255 2ND ST N**  
**ST PETERSBURG FL 33702**

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.

SIGNATURE

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 **D WOOD, JIM**  
 STREET ADDRESS **5922 28TH AVE N**  
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition  
 NAME **Laura Campbell**  
 STREET ADDRESS **515 Casler Ave.**  
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete  
 NAME **D ROWLEY, VIC**  
 STREET ADDRESS **9255 SECOND ST. N.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition  
 NAME **D Bill Norton**  
 STREET ADDRESS **1627 Windsor Dr.**  
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☒ Delete  
 NAME **D GOODALL, DON**  
 STREET ADDRESS **2158 GULFVIEW**  
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete  
 NAME **D MCCORMICK, THERESA**  
 STREET ADDRESS **5194 HUNTINGTON CIR NE**  
 CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE ☒ Delete  
 NAME **D PACILLO, KAREN**  
 STREET ADDRESS **12265 83RD WAY N**  
 CITY-ST-ZIP **LARGO FL 33773**

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

TITLE ☐ Delete  
 NAME **D Pat Scarberry**  
 STREET ADDRESS **1418 Palmetto St.**  
 CITY-ST-ZIP **Clearwater, FL 33755**

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:

*Signature of Victor C. Rowley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Victor C. Rowley** 04/29/02 727/578-2644  
 Date Daytime Phone #

CR2E037 (9/01)