

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90240 035 ****61.25

001902

DOCUMENT # N96000001717

1. Entity Name

A BRIGHTER DAY OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

6981 FIRST AVENUE NORTH
 ST PETERSBURG FL 33710

6981 FIRST AVENUE NORTH
 ST PETERSBURG FL 33710
 US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3371145

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

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVE, SUITE 202
ST PETERSBURG FL 33710

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 **VD** ☐ Delete
 NAME **SEIFRIED, E. WAYNE**
 STREET ADDRESS **1361 SEAGULL DR SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

TITLE **Vice President Director** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **KURANT, CATHY**
 STREET ADDRESS **6644 PAINTSETTING AVE. S.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

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

TITLE **PD** ☐ Delete
 NAME **DEEB, BRIAN P**
 STREET ADDRESS **5999 CENTRAL AVE, SUITE 202**
 CITY-ST-ZIP **ST PETERSBURG FL 33710**

TITLE **President** ☒ Change ☐ Addition
 NAME **Same**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☒ Delete
 NAME **REILLY, MARK**
 STREET ADDRESS **5053 F STARFISH DR SE**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **SD** ☐ Delete
 NAME **SEIFRIED, PAT**
 STREET ADDRESS **1312 80TH ST S**
 CITY-ST-ZIP **ST PETERSBURG FL 33707**

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

TITLE **TD** ☐ Delete
 NAME **HUENKE, JOE**
 STREET ADDRESS **28100 US HWY 19 N, #100**
 CITY-ST-ZIP **CLEARWATER FL 34662**

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

2/6/01 727-347-3333
 Date Daytime Phone #

CR2E037 (10/00)