

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90076 035 ****70.00

DOCUMENT # N96000001717

1. Entity Name

A BRIGHTER DAY OF PINELLAS COUNTY, INC.



Principal Place of Business

**6961 FIRST AVENUE NORTH
ST PETERSBURG FL 33710**

Mailing Address

**6961 FIRST AVENUE NORTH
ST PETERSBURG FL 33710
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 **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. 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

3/22/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P**
NAME **Charles Gerdes**
STREET ADDRESS **200 Central Avenue #1600**
CITY-ST-ZIP **St. Petersburg, FL 33705**

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

TITLE **VPD**
NAME **Deeb, Brian P**
STREET ADDRESS **5999 Central Ave Suite 202**
CITY-ST-ZIP **St. Petersburg, FL 33710**

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

TITLE **SD**
NAME **Caroline Stewart**
STREET ADDRESS **6956 S. Shore Drive**
CITY-ST-ZIP **S. Pasadena, FL 33707**

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

TITLE **TD**
NAME **Seifried, Pat**
STREET ADDRESS **2525 Pasadena Ave S**
CITY-ST-ZIP **St. Petersburg, FL 33707**

TITLE
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CITY-ST-ZIP

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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:

SECRETARY REQUIRED

Executive Director

3/25/03

727-381-5103

CR2E037 (10/02)