FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 30, 2001 8:00 am Secretary of State DOCUMENT # N96000004199 1. Entity/Name COUNCIL OF SERVICE ORGANIZATIONS OF UPPER PINELL 01-30-2001 90187 030 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O THE LONG CENTER C/O THE LONG CENTER 1501 N. BELCHER RD. STE 225 014144 1501 N. BELCHER RD. STE 225 CLEARWATER FL 34625 CLEARWATER FL 34625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3404606 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEIBY, CARL R 2287 PHILIPPINE DR #67 City CLEARWATER FL 33763 Zip Code FL 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 and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DIRECTORS TITLE IST V.P. TITLE ☐ Delete Addition ☐ Change DICK BILSTER NAME WARD, HOWARD NAME 415 HARBOR VIEW LN STREET ADDRESS STREET ADDRESS 2329 LORENA LANE CITY-ST-ZIP LARTU, FL **CLEARWATER FL 34625** CITY-ST-ZIP DIRECTORS TITI F DIRECTORS Delete TITLE ☐ Change MELKONIAN, DODGE KAY HOILEY 2101 SUNSET PITAT Pd NAME NAME STREET ADDRESS 27,12 REDFORD, COURT STREET ADDRESS CLEARWATER, FL 33765-1249 CITY-ST-ZIP **CLEARWATER FL 34621** CITY-ST-7IP # PRESIDENT PRES, MORSON, BETTY J MARIAN PAYMOND DIRECTORS TITLE ☐ Change Addition Judy PRICE NAME NAME 1400 BYRAM DRIVE 1498 FAIRWAY DR. 2161 SUNSET STREET ADDRESS STREET ADDRESS CITY-ST-7IP 34698 CLEARWATER FL 34615 DUNEDIN CITY-ST-ZIP CLEARWATER SECT DIRECTORS □ Delete TITLE NAME POSTON, JANE H NAME N OSCEULA STREET ADDRESS 1027 DOGWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL CITY-ST-ZIP **DUNEDIN FL 34698** TITLE TREAS ☐ Delete TITLE BULY PRICE WOLF BEL ST. N. NAME LEIBY, CARL R NAME STREET ADDRESS 2287 PHILIPPINE DR #67 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **CLEARWATER FL 33763** F2 V, P TITLE ☐ Delete TITLE ☐ Addition GARINER, JIM NAME NAME STREET ADDRESS 2113 POINCIANA TER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33760**

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.