

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90106 017 \*\*\*\*61.25

**DOCUMENT # N97000001294**

1. Entity Name

**PI BETA BETA FOUNDATION, INC.**



Principal Place of Business

**106 133 STREET EAST  
BRADENTON FL 34202**

Mailing Address

**P O BOX 1902  
BRADENTON FL 34206**

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 **65-0741184**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, JOSEPH L  
106 133 STREET EAST  
BRADENTON FL 34202**

7. Name and Address of New Registered Agent

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

**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

TITLE NAME	PD PRATT, BERNICE C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3020 9TH AVE DR EAST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE NAME	VD ACKERMAN, OZELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1802 2ND AVE E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE NAME	TD COVINGTON, TURNER	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3104 9TH AVE DR E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE NAME	SD THOMPSON, JOSEPH L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	106 133 STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD ACKERMAN, OZELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1802 2ND AVE E.	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE NAME	VD EDWARDS, VAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2218 NINTH AVE E.	
CITY-ST-ZIP	BRADENTON, FL 34208	
TITLE NAME	TD THOMPSON, JOSEPH L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	106 133RD ST. E.	
CITY-ST-ZIP	BRADENTON, FL 34212	
TITLE NAME	SD BROWN, JAMES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2439 WALKER CIRCLE	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: **Joseph L. Thompson**

**03/05/03 (941) 747-0472**