

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91553 034 *****61.25

DOCUMENT # N97000003392

1. Entity Name

PINELLAS COUNTY TRIAD, INC.

Principal Place of Business

Mailing Address

2019 MAGNOLIA DR
 CLEARWATER FL 33764

2019 MAGNOLIA DR
 CLEARWATER FL 33764

2. Principal Place of Business

14250 49th ST No.

3. Mailing Address

790 WEATHERSFIELD DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1000

City & State

CLEARWATER FL

City & State

DUNEDIN FL

Zip

Country

Zip

Country

33762

34698

4. FEI Number

59-3459574

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

CLARK, ROBERT
2019 MAGNOLIA DR
CLEARWATER FL 33764

Name

ROBERT CLARK

Street Address (P.O. Box Number is Not Acceptable)

790 WEATHERSFIELD DR

City

DUNEDIN

FL

Zip Code

34698

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.

ROBERT CLARK
Robert Clark V.P.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/16/01

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

TITLE	D	<input type="checkbox"/> Delete
NAME	VITUCCI, GARY	
STREET ADDRESS	11515 BAYSHORE DR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, ROBERT	
STREET ADDRESS	2019 MAGNOLIA DR	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTON, WILLIAM R	
STREET ADDRESS	13452 RIDGELAND DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT CLARK
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01
 Date

727-464-6760
 Daytime Phone #

CR2E037 (10/00)