

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 17, 2000 8:00 am
Secretary of State

02-01-2000 90013 025 ****70.00

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1. Entity Name

PINELLAS HOME EDUCATED ACTIVITIES TEAMS, INC.

Principal Place of Business

5622 18TH AVE S
GULFPORT FL 33707
US

Mailing Address

5622 18TH AVE S
GULFPORT FL 33707-4123
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

59-3474117

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

JONES, THOMAS V
3500 12TH AVENUE NORTH
ST PETERSBURG FL 33713

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 **D** ☒ Delete
NAME **MOOYSEY, DARLENE JOY**
STREET ADDRESS **7008 59TH STREET NORTH**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

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

TITLE **CPD** ☐ Delete
NAME **JONES, THOMAS P**
STREET ADDRESS **5622 18TH AVENUE S**
CITY-ST-ZIP **GULFPORT FL 33707**

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

TITLE **VM** ☐ Delete
NAME **JONES, MARNI M MARNI**
STREET ADDRESS **5622 18TH AVE**
CITY-ST-ZIP **GULF PORT FL 33707**

TITLE ☒ Change ☐ Addition
NAME **M, T, D**
STREET ADDRESS **MARNI JONES**
CITY-ST-ZIP **5622 18th Ave S.**
Gulfport FL 33707

TITLE **D** ☒ Delete
NAME **FIELD-KAMP, NANCY**
STREET ADDRESS **6301 26TH AVE N**
CITY-ST-ZIP **ST PETE FL 33707**

TITLE ☐ Change ☒ Addition
NAME **V, D**
STREET ADDRESS **BRYANT JOHNSON**
CITY-ST-ZIP **3641 3rd Ave N.**
St. Pete FL 33713

TITLE **DS** ☒ Delete
NAME **JOCKERS, MICHELLE**
STREET ADDRESS **3835 HELENA ST NE**
CITY-ST-ZIP **ST PETE FL 33703**

TITLE ☐ Change ☒ Addition
NAME **Cheryl Warren, S, D**
STREET ADDRESS **11141 105th Ave N.**
CITY-ST-ZIP **Largo, FL 33778**

TITLE **TD** ☒ Delete
NAME **RICE, ANNA**
STREET ADDRESS **135 18TH AVE NE**
CITY-ST-ZIP **ST PETE FL 33704**

TITLE ☐ Change ☒ Addition
NAME **Dawn Tipton, D**
STREET ADDRESS **1701 Audrey Dr.**
CITY-ST-ZIP **Clearwater, FL 33759**

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:

MARNI M. JONES **MARNI M. JONES** **1-18-99** **727-347-8259**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)