

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006473

1. Entity Name

PARENTS, FAMILIES & FRIENDS OF LESBIANS AND GAYS

Principal Place of Business

Mailing Address

6085 PARK BOULEVARD
PINELLAS PARK FL 33781

6085 PARK BOULEVARD
PINELLAS PARK FL 33781-3232

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

59-3481228

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

Name

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

City

FL

Zip Code

BROCKUS, HAROLD M
6085 PARK BOULEVARD
PINELLAS PARK FL 33781

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

TITLE DP ☐ Delete
NAME MILLER, KATHY
STREET ADDRESS 1055 79 ST S.
CITY-ST-ZIP ST PETE FL 33707

TITLE VPD ☐ Delete
NAME HINCKLET, CURTIS
STREET ADDRESS 5951 40 AVE N.
CITY-ST-ZIP ST PETE FL 33709

TITLE VPD ☐ Delete
NAME BROCKUS, HAROLD M
STREET ADDRESS 6085 PARK BLVD
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE SD ☒ Delete
NAME KIRKMAN, JENNIFER
STREET ADDRESS 3920 52 AVE N.
CITY-ST-ZIP ST PETE FL 33914

TITLE T ☐ Delete
NAME LINSTROM, JOHN
STREET ADDRESS 6085 PARK BLVD
CITY-ST-ZIP PINELLAS PARK FL 33781

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE SD ☒ Change ☐ Addition
NAME HEIDENREICH, KAREN
STREET ADDRESS 3146 12TH ST N
CITY-ST-ZIP ST. PETERSBURG FL 33704

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26, 2000 (727) 360906

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90063 025 ****61.25



DO NOT WRITE IN THIS SPACE