FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 29, 2001 8:00 am DOCUMENT # N9700006473 Secretary of State 1. Entity Name 05-29-2001 90016 027 ****70.00 PARENTS, FAMILIES & FRIENDS OF LESBIANS AND GAYS Principal Place of Business Mailing Address **LUU1UU41** 6085 PARK BOULEVARD **6085 PARK BOULEVARD** PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3481228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33*707* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Street Address (P.O. Box Number is Not Acceptable) BROCKUS, HAROLD M 6085 PARK BOULEVARD PINELLAS PARK FL 33781 8. The above named exply submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaig: Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Addition ☐ Channe ☐ Delete TITLE TITLE MILLER, KATHY MAME NAME STREET ADDRESS STREET ADDRESS 1055 79 ST S. CITY-ST-ZIP ST PETE FL 33707 CITY-ST-7IP ☐ Addition VPD TITLE Vice-President Delete TITLE HEIZENFICH, Karen 3146-12.71 Street N HINCKLET, CURTIS NAME STREET ADDRESS 5951 40 AVE N. STREET ADDRESS CITY-ST-ZIP Sti Refereburg CITY-ST-ZIP ST PETE FL 33709 Secretary DORLL **VPD** 🔀 Delete TITLE TITLE BROCKUS, HAROLD M NAME NAME 304 Boca Clera Point Blud S

CITY-ST-ZIP SAINT PETERSBURG FL 33704 ☐ Change ■ Addition TITLE Delete LINSTROM, JOHN NAME 6085 PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

St. Referbury PL 33768

D'SULLIVAN, FRANCIS X.

TROBUSE (

6085 PARK BLVD

3146 12TH ST N

PINELLAS PARK FL 33781

HEIDENRICH, KAREN

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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 eath; 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 with all other like empowere

CITY-ST-ZIP

SIGNATURE

☐ Change

🔀 Addition