

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90013 028 ****61.25

DOCUMENT # N97000006473

1. Entity Name

**PARENTS, FAMILIES & FRIENDS OF LESBIANS AND GAYS
 OF PINELLAS COUNTY, INC.**

Principal Place of Business

Mailing Address

1055 79TH STREET SOUTH
 SAINT PETERSBURG FL 33707

1055 79TH STREET SOUTH
 SAINT PETERSBURG FL 33707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3481228

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, KATHY
 1055 79TH STREET SOUTH
 SAINT PETERSBURG FL 33707**

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

TITLE ☐ Change ☒ Addition
 NAME **TREASURER**
 STREET ADDRESS **JOHN LINDSTROM**
 CITY-ST-ZIP **151 PUNTA VISTA DR. ST. PETE BEACH FL 33706**

TITLE ☒ Delete
 NAME VPD
 STREET ADDRESS HEIDENRICH, KAREN
 CITY-ST-ZIP 3146 12TH STREET N
 SAINT PETERSBURG FL 33704

TITLE ☐ Change ☒ Addition
 NAME **JANET BERMAN**
 STREET ADDRESS **6403 EVERGREEN AVE.**
 CITY-ST-ZIP **SEMINOLE, FL. 33772**

TITLE ☒ Delete
 NAME S
 STREET ADDRESS INLAY, DORIS
 CITY-ST-ZIP 304 BOCA CIEGA POINT BLVD S
 SAINT PETERSBURG FL 33708

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

TITLE ☐ Delete
 NAME SD
 STREET ADDRESS O'SULLIVAN, FRANCIS X
 CITY-ST-ZIP 156 21ST STREET NE
 SAINT PETERSBURG FL 33704

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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: John S. Lindstrom **JOHN S. LINDSTROM 2-1-02 727 360 9063**

CR2E037 (9/01)