

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90068 010 ****61.25

DOCUMENT # N98000005787

1. Entity Name

PINELLAS PLANT COMMUNITY REUSE ORGANIZATION, INC

Principal Place of Business

Mailing Address

**7887 BRYAN DAIRY RD
 STE 150
 LARGO FL 33777**

**7887 BRYAN DAIRY RD
 STE 150
 LARGO FL 33777-1445**

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

59-3530180

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTORO, WILLIAM M
 7887 BRYAN DAIRY ROAD STE 150
 LARGO FL 33777**

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	C	<input type="checkbox"/> Delete
NAME	CASTORO, WILLIAM M	
STREET ADDRESS	9136 OAKWOOD LN - UNIT 20-B	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DANZEY, J. EUGENE	
STREET ADDRESS	5918 BAHAMA SHORES DR S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, CHARLES K	
STREET ADDRESS	9890 131ST ST	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAEGER, BEVERLY J	
STREET ADDRESS	10333 -125TH ST	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WILLIAMS, LARRY J	
STREET ADDRESS	400 -12TH AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ALDERMAN, L.L.	
STREET ADDRESS	610 RIVERSIDE DR	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	

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		
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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: _____

Signature of William M. Castoro
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William M. Castoro

4/19/2000 727/541-8080

Date

Daytime Phone #

CR2E037 (9/99)