

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005787

1. Entity Name

PINELLAS PLANT COMMUNITY REUSE ORGANIZATION, INC

Principal Place of Business

7887 BRYAN DAIRY RD  
STE 150  
LARGO FL 33777

Mailing Address

7887 BRYAN DAIRY RD  
STE 150  
LARGO FL 33777

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

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 ☐ Delete  
NAME CASTORO, WILLIAM M  
STREET ADDRESS 9136 OAKWOOD LN -UNIT 20-B  
CITY-ST-ZIP SEMINOLE FL 33776

TITLE D ☐ Change ☒ Addition  
NAME CHARLES E. RAINEY  
STREET ADDRESS 2785 KIPPS COLONY DR #305  
CITY-ST-ZIP St. PETERSBURG, FL 33707

TITLE DP ☐ Delete  
NAME DANZEY, J. EUGENE  
STREET ADDRESS 5918 BAHAMA SHORES DR S.  
CITY-ST-ZIP SAINT PETERSBURG FL 33705

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

TITLE D ☐ Delete  
NAME HALL, CHARLES K  
STREET ADDRESS 9890 131ST ST  
CITY-ST-ZIP SEMINOLE FL 33776

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

TITLE D ☒ Delete  
NAME HAEGER, BEVERLY J  
STREET ADDRESS 10333 -125TH ST  
CITY-ST-ZIP LARGO FL 33778

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

TITLE DST ☐ Delete  
NAME WILLIAMS, LARRY J  
STREET ADDRESS 400 -12TH AVE N  
CITY-ST-ZIP SAINT PETERSBURG FL 33701

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

TITLE DVP ☐ Delete  
NAME ALDERMAN, L.L.  
STREET ADDRESS 610 RIVERSIDE DR  
CITY-ST-ZIP TARPON SPRINGS FL 34689

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

Date

Daytime Phone #

4-10-01

727/54-8080

CR2E037 (10/00)