## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am Secretary of State DOCUMENT # **N98000005787** 1. Entity Name PINELLAS PLANT COMMUNITY REUSE ORGANIZATION, INC 05-27-2002 90341 020 \*\*\*\*70.00 Principal Place of Business Mailing Address 7887 BRYAN DAIRY RO 7887 BRYAN DAIRY RD **STE 150** STE 150 LARGO FL 33777 **LARGO FL 33777** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3530180 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) Castoro, William M 7887 BRYAN DAIRY ROAD STE 150 LARGO FL 33777 City Zip Code FL 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 (4) Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE !S \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE (9/04) Change XX Addition CASTORO, WILLIAM M NAME Andrew H. Hines, Jr. NAME STREET ADDRESS 9136 OAKWOOD LN -UNIT 20-B STREET ADDRESS One Progress Plaza #290 CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-ZIP Petersburg, FL 33701 TITLE Delete TITLE XX Change ☐ Addition Danzey, J. Eugene NAME NAME 5918 BAHAMA SHORES DR S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33705 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HALL, CHARLES K NAME NAME 9890 131ST ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition DP RAINEY, CHARLES E NAME 2785 KIPPS COLONY DR #305 STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33707 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, LARRY J NAME NAME 400 -12TH AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33701 CITY-ST-ZIP DVP TITLE ☐ Defete TITLE ☐ Change ☐ Addition ALDERMAN, L.L. NAME NAME 610 RIVERSIDE DR STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP

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:

**FILED**