

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
May 24, 2000 8:00 am
Secretary of State

05-01-2000 90016 042 ****61.25

DOCUMENT # N98000006280

1. Entity Name

PINELLAS COUNTY AMATEUR RADIO EMERGENCY SERVICES

Principal Place of Business

105 N METEOR AVE
CLEARWATER FL 33765-3037
US

Mailing Address

PO BOX 15735
CLEARWATER FL 33766-5735
US

2. Principal Place of Business

2544 FRISCO DR.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip

33761

Country

U.S.A.

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3622742

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAURITSEN, SHARON ANN
105 NORTH METEOR AVENUE
CLEARWATER FL 33765-3037

7. Name and Address of New Registered Agent

Name **DOUGLAS J. WILLIAMS, Douglas J.**

Street Address (P.O. Box Number is Not Acceptable)

2544 FRISCO DR.

City

CLEARWATER

FL

Zip Code

33761

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

DOUGLAS J. WILLIAMS *Douglas J. Williams*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAURITSEN, NEIL H	
STREET ADDRESS	105 METEOR AVE	
CITY-ST-ZIP	CLEARWATER FL 33765-3037	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILLIAMS, DOUGLAS J	
STREET ADDRESS	2544 FRISCO DR	
CITY-ST-ZIP	CLEARWATER FL 33761-3820	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KNUPKE, PAUL E JR	
STREET ADDRESS	11931 92ND WAY N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres-Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Behl Sr., Edward A.	
STREET ADDRESS	2663 Red Oak Court	
CITY-ST-ZIP	CLEARWATER, FL 33761-2319	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary-DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANN, ALAN L.	
STREET ADDRESS	1647 W. GROVE LEAF AVE	
CITY-ST-ZIP	PAIM HARBOR, FL 34683	
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		
CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Douglas J. Williams
Treasurer/Director

5/10/00 727-447-2151