

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90059 045 ****61.25

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1. Entity Name

PINELLAS COUNTY AMATEUR RADIO EMERGENCY SERVICES

Principal Place of Business

Mailing Address

2544 FRISCO DRIVE
CLEARWATER FL 33761
US

PO BOX 15735
CLEARWATER FL 33766-5735
US

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

59-3622742

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

Name

Douglas J. Williams

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

2544 FRISCO DR.

City

CLEARWATER, FL

FL

Zip Code

33761

LAURITSEN, SHARON ANN
2544 FRISCO DRIVE
CLEARWATER FL 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

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 PD ☒ Delete
NAME LAURITSEN, NEIL H
STREET ADDRESS 105 METEAR AVE
CITY-ST-ZIP CLEARWATER FL 33765-3037

TITLE ☒ HAMILTON, DANIEL E ☒ Change ☐ Addition
NAME
STREET ADDRESS 811 10th STREET NW
CITY-ST-ZIP LARGO, FL 33770

TITLE TD ☐ Delete
NAME WILLIAMS, DOUGLAS J
STREET ADDRESS 2544 FRISCO DR
CITY-ST-ZIP CLEARWATER FL 33761-3820

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

TITLE SD ☐ Delete
NAME KNUPKE, PAUL E JR
STREET ADDRESS 11931 92ND WAY N
CITY-ST-ZIP LARGO FL 33773

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

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:

Douglas J. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-01 727-725-3345

CR2E037 (10/00)