

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002680

1. Entity Name

PINELLAS COUNTY LAW ENFORCEMENT CHARITIES, INC.

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90079 016 \*\*\*\*61.25

Principal Place of Business

Mailing Address

14450 46TH STREET NORTH  
SUITE 115  
CLEARWATER FL 33762

14450 46TH STREET NORTH  
SUITE 115  
CLEARWATER FL 33762-2921

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

59-3581556

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

LAUBACH, WILLIAM M  
14450 46TH STREET NORTH  
SUITE 115  
CLEARWATER FL 33762

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 PD  
NAME SOULE, J W  
STREET ADDRESS 14450 46TH STREET N STE 115  
CITY-ST-ZIP CLEARWATER FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME DEASARO, MARK  
STREET ADDRESS 14450 46TH STREET N STE 115  
CITY-ST-ZIP CLEARWATER FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME HEATH, TERRY  
STREET ADDRESS 14450 46TH STREET N STE 115  
CITY-ST-ZIP CLEARWATER FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME SCHOFIELD, TRACEY  
STREET ADDRESS 14450 46TH STREET N STE 115  
CITY-ST-ZIP CLEARWATER FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T  
NAME CORBET, STEVE  
STREET ADDRESS 14450 46TH STREET N STE 115  
CITY-ST-ZIP CLEARWATER FL 33762

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-18-2000 707-532 1722

CR2E037 (9/99)