

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002680

1. Entity Name

PINELLAS COUNTY LAW ENFORCEMENT CHARITIES, INC.

Principal Place of Business

14450 46TH STREET NORTH
SUITE 115
CLEARWATER FL 33762

Mailing Address

14450 46TH STREET NORTH
SUITE 115
CLEARWATER FL 33762

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

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

(NOTE: Registered Agent signature required when resigning)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOULE, J W	
STREET ADDRESS	14450 46TH STREET N STE 115	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEASARO, MARK	
STREET ADDRESS	14450 46TH STREET N STE 115	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEATH, TERRY	
STREET ADDRESS	14450 46TH STREET N STE 115	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHOFIELD, TRACEY	
STREET ADDRESS	14450 46TH STREET N STE 115	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORBET, STEVE	
STREET ADDRESS	14450 46TH STREET N STE 115	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE	S	<input type="checkbox"/> Delete
NAME	TOLEDO, RUBEN	
STREET ADDRESS	14450 46TH STREET N STE 115	
CITY-ST-ZIP	CLEARWATER FL 33762	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 provided 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 #

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90638 001 ***122.50



DO NOT WRITE IN THIS SPACE

CR2037 (9/01)