## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9900002680

1. Entity Name

CITY-ST-ZIP

**CLEARWATER FL 33762** 

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		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59	4. FEI Number <b>59-358 1556</b> Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	5. Certificate of Status Desired		\$8.75 Additional	
		<u> </u>	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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				Name  Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER FL 33762			City		F	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.  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 Campa Trust Fund Con			ontribution. [	\$5.00 May Be Added to Fees	Florida Dep		State	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	l 10	
TITLE	PD	Delete	TITLE	PD		Change	☐ Addition	
NAME	SOULE, J W		NAME	MARK DEASA	1RU	_ •	_	
STREET ADDRESS			STREET ADDRESS	14450 46 5	T N #115			
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP	CLEARWATER	· ~ 77	71.5	ļ	
	VD				- PL 30			
TITLE	1	☐ Delete	TITLE	VD	TTO	Change	☐ Addition	
NAME			NAME	1 11 2 3 3 4 115				
STREET ADDRESS			STREET ADDRESS	STREET ADDRESS 14450 46 ST N # 113				
CITY-ST-ZIP` ~	CLEARWATER FL 33762		CITY-ST-ZIP	CLEARWATER	FL 337	62		
THTLE	VD	☐ Delete	TITLE			Change	☐ Addition	
NAME	HEATH, TERRY		NAME				[	
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS				1	
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP				1	
TITLE	S	Delete	TITLE			☐ Change	Addition	
NAME	SCHOFIELD, TRACEY	T Delete	NAME			☐ Change	Addition	
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP				1	
	T		4					
TITLE	1	☐ Delete	TITLE			Change	☐ Addition	
NAME	CORBET, STEVE		NAME				{	
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33762		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE			☐ Change	Addition	
NAME	TOLEDO, RUBEN	*****	NAME					
STREET ADDRESS	14450 46TH STREET N STE 115		STREET ADDRESS					

12. I hereby certify that the information supplied with this filling 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 otherwise empowered. **SIGNATURE:** 

CITY-ST-ZIP

J-8-03

**FILED** 

Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90467 005 \*\*\*\*70.00