

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90200 024 \*\*\*150.00

**DOCUMENT # P92000008734**

1. Entity Name

**PINELLAS REALTY FUND, INC.**

Principal Place of Business

**222 SECOND STREET N  
ST PETERSBURG FL 33701**

Mailing Address

**222 SECOND STREET N  
ST PETERSBURG FL 33701**

**00053481**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**100 Second Avenue North**

3. Mailing Address

**PO Box 429**

Suite, Apt. #, etc.

**Suite 200**

Suite, Apt. #, etc.

City & State

**St Petersburg, FL**  
**33701**

City & State

**St Petersburg, FL**  
**33731-0429**  
**Pinellas**

4. FEI Number **59-3162635**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**IRWIN, IAN F  
222 SECOND STREET N  
ST PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

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

**100 Second Avenue North**

City

**St Petersburg**

**FL**

Zip Code

**33701**

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>BRETT, DAVID</b>	
STREET ADDRESS	<b>222 SECOND STREETN</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>IRWIN, IAN F.</b>	
STREET ADDRESS	<b>222 SECOND STREET NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	<b>JENKINS, DAVID A.</b>	
STREET ADDRESS	<b>222 SECOND STREET NORTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>100 Second Avenue North Suite 200</b>
CITY-ST-ZIP	<b>St Petersburg, FL 33701</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>100 Second Avenue North Suite 200</b>
CITY-ST-ZIP	<b>St Petersburg, FL 33701</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>100 Second Avenue North Suite 200</b>
CITY-ST-ZIP	<b>St Petersburg, FL 33701</b>
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	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**David A Brett, President**

**4/26/01**

**(727)821-5178**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)