

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90066 021 ***150.00

DOCUMENT # V43079

1. Entity Name

WELLINGTON SCHOOLS OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

**STARKEY ROAD
 FL 34647**

**8000 STARKEY ROAD
 SEMINOLE FL 34647**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33777

33777



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3127186**

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

Susan M. Baraybar

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

8000 Starkey Road

City

Seminole

FL

Zip Code

33777

**DEBORAH MCCALL
 ONE BEACH DR SE STE 200
 ST PETERSBURG FL 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 **Susan M. Baraybar**
 Signature, typed or printed name of registered agent and title if applicable.

Secretary of Corporation
 (NOTE: Registered Agent signature required when reinstating)

4.20.00
 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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PELOSI, LORRAINE M.	
STREET ADDRESS	8000 STARKEY ROAD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SUSAN BARAYBAR	
STREET ADDRESS	8000 STARKEY RD	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Susan Baraybar**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.20.00 (727) 397-4565
 Date Daytime Phone #

CR2E034 (9/99)