

COPY

August 26, 1993

Office of Employee Benefit Security  
Labor-Management Services Administration  
U. S. Department of Labor  
Washington, D.C. 20216

Re: Notice Pursuant to 29 C.F.R. Section 2520.104-23.

Dear Sirs:

The following statement is being filed in accordance with the requirements of 29 C.F.R. Section 2520.104-23:

1. Name of Employer:  
THE PINELLAS COUNTY URBAN LEAGUE, INC.

2. Address of Employer:  
333 31st Street North  
St. Petersburg, FL

3. Employer Identification Number: 62-75-135872-7560  
CORRECT ID NUMBER IS 59-1665523 *JSP*

4. THE PINELLAS COUNTY URBAN LEAGUE, INC. maintains a certain Severance Pay Plan primarily for the purpose of providing termination benefits for a select group of highly compensated employees.

5. Number of Employees covered by the Severance Benefit Plan: 1

Very truly yours,

PINELLAS COUNTY URBAN LEAGUE, INC.

By James O. Simmons  
Its President.

ACKNOWLEDGMENT OF THIS FILE

By James O. Simmons  
James O. Simmons  
President & CEO

Date 9-21-93