

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

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90148 037 \*\*\*\*61.25

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DOCUMENT # **N00000000230**

1. Entity Name

**ABILITIES AT PARKLANE, INC.**



Principal Place of Business

**2735 WHITNEY RD.  
CLEARWATER FL 33758**

Mailing Address

**2735 WHITNEY RD.  
CLEARWATER FL 33758**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

**33760**

Country

Zip

**33760**

Country

4. FEI Number **59-3617978**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SANDONATO, WILLIAM JR.  
2735 WHITNEY RD.  
CLEARWATER FL 33760**

7. Name and Address of New Registered Agent

Name

**Gene Thomas**

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

**2735 Whitney Road**

City

**Clearwater**

**FL**

Zip Code **33760**

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 Gene Thomas **Gene Thomas** **February 6, 2003**

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 Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD**  Delete  
NAME **KREISLE, LORI**  
STREET ADDRESS **5300 10TH AVE N**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

TITLE **PD**  Delete  
NAME **SANDONATO, WILLIAM JR.**  
STREET ADDRESS **14805 SEMINOLE TRAIL**  
CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **CD**  Delete  
NAME **LEONARDO, KAREN P**  
STREET ADDRESS **650 GENEVA PLACE**  
CITY-ST-ZIP **TAMPA FL 33606**

TITLE **STD**  Delete  
NAME **NEVILLE, MIKE**  
STREET ADDRESS **3259 10TH AVE N**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD**  Change  Addition  
NAME **William Sandonato, Jr.**  
STREET ADDRESS **2735 Whitney Road**  
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CSTD**  Change  Addition  
NAME **Mike Neville**  
STREET ADDRESS **2735 Whitney Road**  
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

CR2E037 (10/02)

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 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 other like empowered.

SIGNATURE: Mike Neville **Mike Neville** **February 6, 2003** **727.538.7370**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR