

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

FILED
Sep 04, 2003 8:00 am
Secretary of State

0013315

09-04-2003 90062 033 ****61.25

DOCUMENT # N00000008096
1. Entity Name
**THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATIO
N, INC.**



Principal Place of Business
**3000 GULF TO BAY BLVD
STE 102
CLEARWATER FL 33759
US**

Mailing Address
**3000 GULF TO BAY BLVD
STE 102
CLEARWATER FL 33759
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
No Change

3. Mailing Address
No Change

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3705979**

Applied For
Not Applicable

Zip Country

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

**STAUNTON, JOHN ESQ.
3000 GULF TO BAY BLVD
STE 102
CLEARWATER FL 33759**

Name *No Change*
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVT	<input type="checkbox"/> Delete
NAME	STAUNTON, JOHN W ESQ	
STREET ADDRESS	3000 GULF TO BAY BLVD STE 102	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOVONI, LEO J	
STREET ADDRESS	2600 1ST AVENUE NORTH	
CITY-ST-ZIP	ST.PETERSBURG FL 33713	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALRUTH, BRETT	
STREET ADDRESS	2600 FIRST AVE NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLKOFF, SCOTT ESQ	
STREET ADDRESS	1901 SOUTH CONGRESS AVENUE STE 350	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALDOCH, LAUCHLIN ESQ	
STREET ADDRESS	1024 EAST PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERG, REBECCA ESQ	
STREET ADDRESS	48811 BEACH BLVD STE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda J. Talbot	
STREET ADDRESS	3000 Gulf to Bay Blvd, Ste. 102	
CITY-ST-ZIP	Clearwater, FL 33759	
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		

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: *[Signature]* **STAUNTON, JOHN W ESQ** **DVT** **9/2/03** **727-797-4000**

CR2E037 (4/03)