

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90048 049 \*\*\*\*61.25

0080543

**DOCUMENT # N01000001488**

1. Entity Name

**ABILITIES AT CRESTVIEW, INC.**

Principal Place of Business

2735 WHITNEY RD  
 CLEARWATER FL 33760

Mailing Address

2735 WHITNEY RD  
 CLEARWATER FL 33760

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1765941**

Applied For

Not Applicable

Zip

**33760**

Country

Zip

**33760**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

City

**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.

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**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**  Delete  
 NAME **SANDONATO, WILLIAM JR**  
 STREET ADDRESS **2735 WHITNEY RD**  
 CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **D**  Delete  
 NAME **HUMBURG, JACK**  
 STREET ADDRESS **2735 WHITNEY RD**  
 CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **D**  Delete  
 NAME **LEONARDO, KAREN P**  
 STREET ADDRESS **2735 WHITNEY RD**  
 CITY-ST-ZIP **CLEARWATER FL 33758**

TITLE **D**  Delete  
 NAME **NEVILLE, MIKE**  
 STREET ADDRESS **2735 WHITNEY RD**  
 CITY-ST-ZIP **CLEARWATER FL 33758**

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 **P/D**  Change  Addition  
 NAME **Sandonato, William Jr.**  
 STREET ADDRESS **14805 Seminole Trail**  
 CITY-ST-ZIP **Seminole FL 33776**

TITLE **V/D**  Change  Addition  
 NAME **Kreisle, Lori**  
 STREET ADDRESS **5300 10th Avenue N**  
 CITY-ST-ZIP **St. Petersburg FL 33710**

TITLE **C/D**  Change  Addition  
 NAME **Leonardo, Karen P.**  
 STREET ADDRESS **650 Geneva Place**  
 CITY-ST-ZIP **Tampa FL 33606**

TITLE **S/T/D**  Change  Addition  
 NAME **Neville, Mike**  
 STREET ADDRESS **3259 Spanish Moss Lane**  
 CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Sandonato*  
 4/23/02

Date

Daytime Phone #

CR2F037 (9/01)