

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90031 025 \*\*\*\*61.25

**DOCUMENT # NO1000008472**

1. Entity Name

**ABILITIES AT ST. ANDREWS COVE, 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

**22-3849222**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDONATO, WILLIAM JR  
 2735 WHITNEY RD.  
 CLEARWATER FL 33758**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DP	SANDONATO, WILLIAM JR	2735 WHITNEY RD.	CLEARWATER FL 33758	<input type="checkbox"/>	<input type="checkbox"/>
DV	KREISLE, LORI	2735 WHITNEY RD.	CLEARWATER FL 33758	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	LEONARDO, KAREN P	2735 WHITNEY RD.	CLEARWATER FL 33758	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DST	NEVILLE, MIKE	2735 WHITNEY RD.	CLEARWATER FL 33758	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: \_\_\_\_\_

*William J. Sandonato*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/02

(727) 538-7370

CR2E037 (9/01)