


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

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

02-26-2003 90148 042 ****61.25

DOCUMENT # N01000008473

1. Entity Name
ABILITIES AT COLLEGE PINES, INC.




Principal Place of Business Mailing Address
2735 WHITNEY RD **2735 WHITNEY RD**
CLEARWATER FL 33760 **CLEARWATER FL 33760**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3849262** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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	DP	<input type="checkbox"/> Delete
NAME	SANDONATO, WILLIAM JR	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KREISLE, LORI	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEONARDO, KAREN P	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	DST	<input type="checkbox"/> Delete
NAME	NEVILLE, MIKE	
STREET ADDRESS	2735 WHITNEY RD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	CDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Neville	
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
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 life empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)