

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90625 016 ****61.25

DOCUMENT # N94000006057

1. Entity Name

ABILITIES AT FOUNTAIN SQUARE, INC.

Principal Place of Business

Mailing Address

2735 WHITNEY RD
 CLEARWATER FL 33760
 US

2735 WHITNEY RD
 CLEARWATER FL 33760
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3317443

Applied For

Not Applicable

Zip

Country

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

SANDONATO, WILLIAM JR
2735 WHITNEY RD
CLEARWATER FL 34620 -- 33760

Name

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.

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	DP ATTEBERRY, WILLIAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	421 BELLE ISLE	
CITY-ST-ZIP	BELLEAIR BEACH FL 34635	
TITLE NAME	D LEONARDO, KAREN P	<input type="checkbox"/> Delete
STREET ADDRESS	650 GENEVA PL	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE NAME	D SANDONATO, WILLIAM JR	<input type="checkbox"/> Delete
STREET ADDRESS	1856 BARCELONA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE NAME	D HUMBURG, JACK D	<input type="checkbox"/> Delete
STREET ADDRESS	839 13TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME	D Mike Neville	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2735 Whitney Road	
CITY-ST-ZIP	Clearwater, FL 33760	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

2/22/01

(727) 538-7370

Date

Daytime Phone #

CR2E037 (10/00)