

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

0063378

DOCUMENT # N94000006058

1. Entity Name

ABILITIES AT MORNINGSIDE, INC.

03-08-2001 90029 033 ****61.25

817268



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2735 WHITNEY RD CLEARWATER FL 33706 US	Mailing Address 2735 WHITNEY RD CLEARWATER FL 33760 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3317445	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 33760

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

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)