

2001 UNIFORM BUSINESS REPORT (UBR)

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

0061312

DOCUMENT # 710588

1. Entity Name

PRESBYTERIAN TOWERS, INC.

03-07-2001 90613 043 ****61.25

Principal Place of Business

**430 BAY ST NE
 ST PETERSBURG FL 33701
 US**

Mailing Address

**1051 2ND AVENUE NORTH
 ST. PETERSBURG FL 33705**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1197322

Applied For

Not Applicable

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

**AHRENHOLZ, THOM
 1051 2ND AVENUE, NORTH
 ST PETERSBURG FL 33705**

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 **VD** ☐ Delete
 NAME **ANDERSON, ROBERT**
 STREET ADDRESS **4441 BLUE SAGE CT**
 CITY-ST-ZIP **BONITA SPRINGS FL 33923**

TITLE **P/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DAS** ☐ Delete
 NAME **DAVIES, IDRIS**
 STREET ADDRESS **2084 MASSACHUSETTS AVE**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete
 NAME **MILLER, LAURA**
 STREET ADDRESS **390 WASHINGTON CT**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **V/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **ALBERTS, HENK (2ND VP)**
 STREET ADDRESS **10911 CARROLLWOOD DR.**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **ROLLESTONE, JIM**
 STREET ADDRESS **5315 BOW LINE BEND**
 CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **ZABLE, ELIZABETH A**
 STREET ADDRESS **5620 HALFMOON LK RD**
 CITY-ST-ZIP **TAMPA, FL 00000**

TITLE **AS/D** ☐ Change ☒ Addition
 NAME **Lukens, Elaine**
 STREET ADDRESS **2245 Glenmoor Rd.**
 CITY-ST-ZIP **Clearwater, FL 34624**

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 of Idris L. Davies
IDRIS L. DAVIES

2/9/01 727-525-2608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)