

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722144

1. Entity Name

~~BROOKWOOD, A YOUNG WOMEN'S RESIDENCE, INC.~~
BROOKWOOD Florida-Central, Inc.

Principal Place of Business

901 7TH AVE. SOUTH
SAINT PETERSBURG FL 33705

Mailing Address

901 7TH AVE. SOUTH
SAINT 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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MESMER, PAMELA J.
639 63RD ST. NORTH
ST PETERSBURG FL 33710

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

4-19-01

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 PD
NAME PISCITELLI, EARLINE
STREET ADDRESS 14898 FEATHER COVE RD
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

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

TITLE VD
NAME MELLENEY, LINDA
STREET ADDRESS P O BOX 565
CITY-ST-ZIP SAINT PETERSBURG FL 33731 ☐ Delete

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

TITLE TD
NAME STRAIN, WALTER
STREET ADDRESS 1969 ILLINOIS AVE NE
CITY-ST-ZIP SAINT PETERSBURG FL 33703 ☐ Delete

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

TITLE SD
NAME STRAIN, ANGELA
STREET ADDRESS 1969 ILLINOIS AVE NE
CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

4-17-01



DO NOT WRITE IN THIS SPACE

FILED
01 MAY 22 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0061279

CR2E037 (10/00)