

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90576 008 \*\*\*\*\*70.00

**DOCUMENT # 722144**

1. Entity Name

**BROOKWOOD FLORIDA-CENTRAL, INC.**

Principal Place of Business

Mailing Address

901 7TH AVE. SOUTH  
 ST. PETERSBURG FL 33705

901 7TH AVE. SOUTH  
 ST. PETERSBURG FL 33705

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0624387**

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

**MESMER, PAMELA J**

**901 7TH AVE. SOUTH**

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

TITLE **PD** ☒ Change ☐ Addition  
 NAME **NYE, William**  
 STREET ADDRESS **3018 - Glen Oak Avenue No.**  
 CITY-ST-ZIP **Clearwater, FL 33759**

TITLE **VD** ☒ Delete  
 NAME **MELLENEY, LINDA B**  
 STREET ADDRESS **P O BOX 565**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE **VD** ☐ Change ☐ Addition  
 NAME **Blyler, Dianne**  
 STREET ADDRESS **11 Lincoln Ave S.**  
 CITY-ST-ZIP **ST. Petersburg, FL 33711**

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

TITLE **TD** ☒ Change ☐ Addition  
 NAME **English, Neta**  
 STREET ADDRESS **3806 Empedrado St**  
 CITY-ST-ZIP **Tampa, FL 33629**

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

TITLE **SD** ☐ Change ☐ Addition  
 NAME **Burkant, Kevin**  
 STREET ADDRESS **161 - 21st Ave. N.**  
 CITY-ST-ZIP **ST. Petersburg, FL 33704**

TITLE **D** ☒ Delete  
 NAME **BATSAVAGE, MICHAEL**  
 STREET ADDRESS **126 CHESAPEAKE AVENUE**  
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Gadd, Lisa**  
 STREET ADDRESS **901 - 7th Ave. So.**  
 CITY-ST-ZIP **ST. Petersburg, FL 33705**

TITLE **D** ☒ Delete  
 NAME **BLYLER, DIANNE**  
 STREET ADDRESS **11 LINCOLN AVENUE SO.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Brown, Terri**  
 STREET ADDRESS **901 - 7th Ave. So.**  
 CITY-ST-ZIP **ST. Petersburg, FL 33705**

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**

Date

Daughter Phone #

CR2E037 (9/01)