

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742632

1. Entity Name

PRESBYTERIAN HOMES OF TAMPA, INC.

Principal Place of Business

4033 S MANHATTAN AVE  
TAMPA FL 33611  
US

Mailing Address

1051 2ND AVE N  
ST PETERSBURG FL 33705-1563  
US

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

59-2001439

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, THOMAS  
1051 SECOND AVE. NO.  
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 P ☐ Delete  
NAME ZABLE, ELIZABETH A  
STREET ADDRESS 5620 HALFMOON LK RD  
CITY-ST-ZIP TAMPA FL

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

TITLE VD ☒ Delete  
NAME MONTWID, RON  
STREET ADDRESS 2414 COVENTRY AVE  
CITY-ST-ZIP LAKELAND FL 33803

TITLE ☐ Change ☒ Addition  
NAME V/D  
STREET ADDRESS Andreassen, Robert  
CITY-ST-ZIP 4441 Blue Sage Court  
Bonita Springs FL 33423

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 DVP ☐ Delete  
NAME ALBERTS, HENK  
STREET ADDRESS 10911 CARROLLWOOD DR  
CITY-ST-ZIP TAMPA FL

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

TITLE DAS ☐ Delete  
NAME DAVIES, IDRIS  
STREET ADDRESS 2084 MASACHUSETTS AVE. N.E.  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Change ☐ 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:

Elizabeth A. Zable

813-960-7835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)