

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90071 023 \*\*\*\*61.25

**DOCUMENT # 742632**

1. Entity Name

**PRESBYTERIAN HOMES OF TAMPA, INC.**

Principal Place of Business

Mailing Address

4033 S MANHATTAN AVE  
TAMPA FL 33611  
US

1051 2ND AVE N  
ST PETERSBURG FL 33705  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2001439**

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

**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 ASD  
NAME LUKENS, ELAINE  
STREET ADDRESS 2245 GLENMOOR RD  
CITY-ST-ZIP CLEARWATER FL 34624 ☐ Delete

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

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

TITLE TD  
NAME Nussbaum, Leo  
STREET ADDRESS 6909 9th St. So. # 336  
CITY-ST-ZIP St. Petersburg, FL 33705 ☐ Change ☒ Addition

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

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

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

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

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

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

TITLE PD  
NAME ANDREASEN, ROBERT  
STREET ADDRESS 4441 BLUE SAGE CT  
CITY-ST-ZIP BONITA SPRINGS FL 33923 ☒ Delete

TITLE VD  
NAME Jones, Gloria  
STREET ADDRESS 4302 Deepwater Lane  
CITY-ST-ZIP Tampa, FL 33615 ☐ 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 of Laura Miller* 2/21/02 727-894-0368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)