

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 25, 2002 8:00 am**
Secretary of State

03-25-2002 90130 018 ****61.25

DOCUMENT # 757676

1. Entity Name

CENTER AGAINST SPOUSE ABUSE, INC.

Principal Place of Business

Mailing Address

**432 5TH AVENUE NORTH
P O BOX 414
ST. PETERSBURG FL 33701
US****1011 1st Avenue N****PO BOX 414
ST PETERSBURG FL 33731-0414**

2. Principal Place of Business

3. Mailing Address

1011 1st Avenue North**PO BOX 414**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State
St. Petersburg, FL**

City & State

**Zip
33701****Country
USA****Zip
33731****Country
USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2114359Applied For
Not Applicable5. 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

**POLSON, MARILYN
FISHER & SAULS, PA
100 SECOND AVENUE SOUTH, SUITE 701
ST. PETERSBURG FL 33701**

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCOTT, DONNA L
2321 14TH STREET NORTH
SAINT PETERSBURG FL 33704** ☐ Delete
☒TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Mark Kamleiter
600 1st Avenue N
St. Petersburg, FL** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
OSMUNDSON, LINDA A
432 5TH AVE NORTH
ST. PETERSBURG FL 33701** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-same - ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHADWICK, CATHY
4338 1ST STREET NORTH SUITE A
ST. PETERSBURG FL 33703** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
James R. Kennedy, Jr.
856 2nd Avenue North
St. Petersburg, FL 33701** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HALL, BERNIE
7428 WATERSILK DRIVE
PINELLAS PARK FL 33782** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
-same- ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)