

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90351 020 ****70.00

DOCUMENT # 761105

1. Entity Name

**PRISON REHABILITATIVE INDUSTRIES AND DIVERSIFIED
ENTERPRISES, INC.**



Principal Place of Business

**12425 28TH ST N
SUITE 103
ST PETERSBURG FL 33716
US**

Mailing Address

**12425 - 28TH ST N
ST PETERSBURG FL 33716
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 **59-2167018**

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

**BREWTON, WILBUR E.
225 SOUTH ADAMS STREET
SUITE 250
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
NAME **LEIVA, MARIA C**
STREET ADDRESS **1550 MADRYGA AVE STE 406**
CITY-ST-ZIP **CORAL GABLES FL 33146**

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

TITLE **PD** ☐ Delete
NAME **DAVIS, PAMELA J**
STREET ADDRESS **12425 - 28TH ST N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33716**

TITLE **D** ☒ Delete
NAME **HUFF, JAMES E**
STREET ADDRESS **8465 OLD DIXIE HWY**
CITY-ST-ZIP **WABASSO FL 32970**

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

TITLE **D** ☐ Delete
NAME **ALVAREZ, MARCELO A**
STREET ADDRESS **777 BRICKELL AVE STE 1150**
CITY-ST-ZIP **MIAMI FL 33131**

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

TITLE **D** ☐ Delete
NAME **PIELLEM, KENNETH L.**
STREET ADDRESS **7856 BAYOU CLUB BLVD**
CITY-ST-ZIP **LARGO, FL 33077**

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

TITLE **SD** ☐ Delete
NAME **HAMILTON, LAWRENCE W.**
STREET ADDRESS **5350 TECH DATA DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 33760**

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:

Robert M. Smith

JAN 27 2003


727-556-3366

CR2E037 (10/02)

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

80615380

DOCUMENT # 761105			
1. Entity Name PARSON REHABILITATIVE INDUSTRIES AND DEVELOPMENT ENTERPRISES, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 12425 28th St. N		3. Mailing Address Suite, Apt. #, etc.	
Suite, Apt. #, etc. SUITE 103		Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State	
Zip 33716		Country	
Country		Country	
4. FEI Number 59-2167018		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
DATE _____			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRESSER, WILLIAM B. 192 ST. GEORGE COURT JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANAS, RICHARD L. 1975 W SR 426 OUIDO, FL 32965	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, WALTER B. 611 NEW WASHINGTON RD. PENSACOLA, FL 32506	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, MICHAEL W. 2601 PLATA STONE ROAD TALLAHASSEE, FL 32399	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEOTTE, EDWARD C. 9500 S. DADGLAND BLVD, SUITE 500 MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPALDING, CAROL S. 1968 LARGO PLACE JACKSONVILLE, FL 32201	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			

CR2E037B (12/02)

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Attachment

DOCUMENT # 761105

1. Entity Name

PARSON REHABILITATIVE INDUSTRIES AND
SUBSIDIARY ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12425 28th ST. N

Suite, Apt. #, etc.

SUITE 103

3. Mailing Address

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

4. FEI Number

59-2167018

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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Name

Street Address (P.O. Box Number is Not Acceptable)

City

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DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STEPHENSON, GWENDOLYN W.
39 COLUMBIA DR.
TAMPA, FL 33631

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WALLACE, DERRICK D.
30 S. TUEY LANE
ORLANDO, FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
BRUELS, JOHN
12425 28th ST. N., SUITE 103
ST. PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
SMITH, ROBERT M.
12425 28th ST. N., SUITE 103
ST. PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
EDGEMAN, JACK
12425 28th ST. N., SUITE 103
ST. PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
HARBEN, FOSTER
12425 28th ST. N., SUITE 103
ST. PETERSBURG, FL 33716

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)