

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/9/01

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-09-2001 90005 049 \*\*\*\*\*70.00

**DOCUMENT # 768630**

1. Entity Name

**ABILITIES REHABILITATION CENTER FOUNDATION, INC.**

Principal Place of Business

2735 WHITNEY RD  
 CLEARWATER FL 33760  
 US

Mailing Address

2735 WHITNEY RD  
 CLEARWATER FL 33760  
 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

59-2293228

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SOROTA, PA. J J  
 28100 U.S. 19 N  
 STE 504  
 CLEARWATER FL 34621

7. Name and Address of New 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.

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

TITLE	Chairman	<input type="checkbox"/> Delete
NAME	WINNING, RICHARD B	
STREET ADDRESS	935 42ND AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL	(Home)
TITLE	Legal Counsel	<input type="checkbox"/> Delete
NAME	SOROTA, JOSEPH J., JR.	
STREET ADDRESS	28100 US 19N #504	(Bus.)
CITY-ST-ZIP	CLEARWATER FL	
TITLE	0	<input checked="" type="checkbox"/> Delete
NAME	WALKER, DAVID	
STREET ADDRESS	3035 MOCKINGBIRD CT.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	AS Asst. Secy / Assistant Treasurer	<input type="checkbox"/> Delete
NAME	DELUCIA, FRANK	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	TD Vice Chairman	<input type="checkbox"/> Delete
NAME	ROBERTS III, ALBERT	
STREET ADDRESS	1045 40TH AVE N	(Home)
CITY-ST-ZIP	ST. PETE. FL	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Ms. Tolene Loos, CPA	
STREET ADDRESS	Loos & Assoc. Suite 120	
CITY-ST-ZIP	2857 Executive Dr. Clearwater FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	St. Peter Kannel Club	
STREET ADDRESS	Box 22099	
CITY-ST-ZIP	St. Petersburg FL 33742-2099	
TITLE	2201 Paddock Cir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Dunedin, FL 34698	(Home)
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Abilities Foundation	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2735 Whitney Rd	(Bus.)
CITY-ST-ZIP	Clearwater FL 33760	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Salomon Smith Barney	
STREET ADDRESS	100 N. Tampa St. Suite 3000	(Bus.)
CITY-ST-ZIP	Tampa FL 33601-9804	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2986 Cielo Cir N.	
STREET ADDRESS		
CITY-ST-ZIP	Clearwater FL 33759	

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

Frank Delucia

4/10/01

(929) 538-7370

Date

Daytime Phone #

CR2E037 (10/00)