

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90048 044 *****70.00

0090558

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 ☐ Delete
 NAME **CT WINNING, RICHARD B**
 STREET ADDRESS **935 42ND AVE N**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ Change ☐ Addition
 NAME **V/T DeLucia, Frank**
 STREET ADDRESS **6429 28th Terrace N.**
 CITY-ST-ZIP **St. Petersburg FL 33710**

TITLE ☐ Delete
 NAME **DCLT SOROTA, JOSEPH J., JR.**
 STREET ADDRESS **28100 US 19N #504**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE ☒ Change ☐ Addition
 NAME **C/T Winning, Richard B.**
 STREET ADDRESS **935 42nd Avenue N**
 CITY-ST-ZIP **St. Petersburg FL 33742**

TITLE ☐ Delete
 NAME **ASAT DELUCIA, FRANK**
 STREET ADDRESS **2735 WHITNEY ROAD**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE ☒ Change ☐ Addition
 NAME **T/D Roberts, III, Albert**
 STREET ADDRESS **1045 40th Avenue N**
 CITY-ST-ZIP **St. Petersburg FL 33703**

TITLE ☐ Delete
 NAME **TD ROBERTSIII, ALBERT**
 STREET ADDRESS **1045 40TH AVE N**
 CITY-ST-ZIP **ST. PETE. FL**

TITLE ☒ Change ☐ Addition
 NAME **T Sorota, Joseph J. Jr.**
 STREET ADDRESS **2201 Paddock Circle**
 CITY-ST-ZIP **Dunedin FL 34698**

TITLE ☒ Delete
 NAME **T LOOS, ILENE**
 STREET ADDRESS **2857 EXECUTIVE DR STE 120**
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02 727538-7770
 Date Daytime Phone #

CR2E037 (9/01)