

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90148 043 ****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

☐ CHECK HERE IF MAKING CHANGES



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

Gene Thomas

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

2735 Whitney Road

City

Clearwater

FL

Zip Code

33760

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

Gene Thomas
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/6/03

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 NAME ☐ Delete
CT WINNING, RICHARD B
STREET ADDRESS **935 42ND AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE NAME ☐ Delete
T SOROTA, JOSEPH J., JR.
STREET ADDRESS **2201 PADDOCK CIR.**
CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE NAME ☐ Delete
VT DELUCIA, FRANK
STREET ADDRESS **6429 28TH TERRACE N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33710**

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

TITLE NAME ☐ Delete
TD ROBERTS, ALBERT III
STREET ADDRESS **1045 40TH AVE N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

Joseph J. Sorota, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Sorota, Jr.

February 6, 2003 727.796.1557

Date

Daytime Phone #

CR2E037 (10/02)