

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00078****1. Entity Name**
P.A.L.S. COMMUNITY ADVISORY BOARD, INC.**Principal Place of Business**
1960 LANDINGS BLVD.
SARASOTA FL 34231**Mailing Address**
1960 LANDINGS BLVD.
SARASOTA FL 34231**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
59-2354722**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**WEISS SHEILA
1960 LANDINGS BLVD

SARASOTA FL 34231 US

Name
CHAPNICK SANDYStreet Address (P.O. Box Number is Not Acceptable)
1960 LANDINGS BLVD

City SARASOTA FL Zip Code 34231

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 SANDY CHAPNICK****09/10/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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** S ☐ Delete
NAME SPREEN NANCY
STREET ADDRESS 4844 MARIGOLD PL
CITY-ST-ZIP SARASOTA FL 34231**TITLE** S ☒ Change ☐ Addition
NAME HUNTER CANDICE
STREET ADDRESS 3836 MALEC CIRCLE
CITY-ST-ZIP SARASOTA FL 34233**TITLE** TD ☐ Delete
NAME HALL JUDY
STREET ADDRESS 3651 BENEVA WOODS BLVD
CITY-ST-ZIP SARASOTA FL**TITLE** TD ☒ Change ☐ Addition
NAME ROSS KIMBERLY A
STREET ADDRESS 2749 HIBISCUS ST
CITY-ST-ZIP SARASOTA FL 34239**TITLE** VD ☐ Delete
NAME TAPPAN SORAYA
STREET ADDRESS 2532 LOCKWOOD MEADOWS ST.
CITY-ST-ZIP SARASOTA FL 34234**TITLE** VD ☒ Change ☐ Addition
NAME SEAMAN JOANNE
STREET ADDRESS 1227 SOUTHPORT DR
CITY-ST-ZIP SARASOTA FL 34242**TITLE** PED ☐ Delete
NAME FORSYTH DOLORES
STREET ADDRESS 8688 WOODBRIAR DR.
CITY-ST-ZIP SARASOTA FL**TITLE** PED ☒ Change ☐ Addition
NAME GILES THOMAS
STREET ADDRESS 4841 PALM AIRE DRIVE
CITY-ST-ZIP SARASOTA FL 34243**TITLE** PD ☐ Delete
NAME HARDY ANN W
STREET ADDRESS 4961 LEATHA LANE
CITY-ST-ZIP SARASOTA FL 34232**TITLE** PD ☒ Change ☐ Addition
NAME HALL JUDY
STREET ADDRESS 3651 BENEVA WOODS BLVD
CITY-ST-ZIP SARASOTA FL 34233**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)(f), 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: KIMBERLY A. ROSS**

TD

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Faxing Phone #

CR2E037 (11/00)