# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# N00078

**Entity Name:** P.A.L.S. COMMUNITY ADVISORY BOARD, INC.

**Current Principal Place of Business:**

1960 LANDINGS BLVD.
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

1960 LANDINGS BLVD.
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number: 59-2354722** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAPNICK, SANDY
1960 LANDINGS BLVD
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: HALL, JUDY
Address: 3651 BENEVA WOODS BLVD
City-St-Zip: SARASOTA, FL 34233

Title: PED ( ) Delete
Name: GILES, THOMAS
Address: 4841 PALM AIRE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: VD ( ) Delete
Name: SEAMAN, JOANNE
Address: 1227 SOUTHPORT DR
City-St-Zip: SARASOTA, FL 34242

Title: TD ( ) Delete
Name: ROSS, KIMBERLY A
Address: 2749 HIBISCUS ST
City-St-Zip: SARASOTA, FL 34239

Title: S ( ) Delete
Name: HUNTER, CANDICE
Address: 3836 MALEC CIRCLE
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: GILES, THOMAS
Address: 4841 PALM AIRE DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: PED (X) Change ( ) Addition
Name: WINKLE, BETH
Address: 4851 HOYER DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: VD (X) Change ( ) Addition
Name: GLENN, LISA
Address: 6974 MAUNA LOA BLVD
City-St-Zip: SARASOTA, FL 34241

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM BERLY A. ROSS TD 04/30/2002

Electronic Signature of Signing Officer or Director — Date