

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

0015307

DOCUMENT # N00078

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



FILED
03 DEC 10 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DEINSTALACION
CHECK HERE IF MAKING CHANGES

File 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

CHAPNICK, SANDY
1960 LANDINGS BLVD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

700024205717
10/28/03--01040--009 **61.25

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kimberly A. Ross
Signature, type or printed name of registered agent and title if applicable.

Kimberly A. Ross 9/10/03
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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 PD ☒ Delete
NAME GILES, THOMAS
STREET ADDRESS 4841 PALM AIRE DRIVE
CITY-ST-ZIP SARASOTA FL 34243

TITLE PD ☒ Change ☐ Addition
NAME Glenn, Lisa
STREET ADDRESS 6974 Mauna Loa Blvd
CITY-ST-ZIP Sarasota, FL 34241

TITLE PED ☒ Delete
NAME WINKLE, BETH
STREET ADDRESS 4851 HOYER DRIVE
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ Change ☐ Addition
NAME 700024205717
STREET ADDRESS 12/16/03--01044--038--**175.00
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME GLENN, LISA
STREET ADDRESS 6974 MAUNA LOA BLVD
CITY-ST-ZIP SARASOTA FL 34241

TITLE ☒ Change ☐ Addition
NAME Vice Pres.
STREET ADDRESS Debra Reese
CITY-ST-ZIP 725 Searcy Ave
Sarasota, FL 34237

TITLE TD ☐ Delete
NAME ROSS, KIMBERLY A
STREET ADDRESS 2749 HIBISCUS ST
CITY-ST-ZIP SARASOTA FL 34239

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

TITLE S ☒ Delete
NAME HUNTER, CANDICE
STREET ADDRESS 3836 MALEC CIRCLE
CITY-ST-ZIP SARASOTA FL 34233

TITLE ☒ Change ☐ Addition
NAME B
STREET ADDRESS Fran Rehl
CITY-ST-ZIP 3240 Gulf of Mexico Dr, #204
Longboat Key, FL 34228

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: Kimberly A. Ross 9/10/03 (941) 955-2626

CR2E037 (4/03)