2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State
08-21-2001 90014 001 ****30.62
08-21-2001 90014 002 ****30.63

0015127

DOCUMENT # N13089

1. Entity Name

PALM HARBOR COMMUNITY SERVICES AGENCY, INC.

LA

77630

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O DENNIS R.LONG 31608 US HWY 19 N PALM HARBOR FL 34684	C/O DENNIS R.LONG 31608 US HWY 19 N PALM HARBOR FL 34684

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 59-2720211 ☐ 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
LONG, DENNIS R. 31608 US HWY 19 N PALM HARBOR FL 34684	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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC ZINOBER, FREDRIC S 2655 MCCORMICK DRIVE CLEARWATER FL 33759	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARR, ROBERT J 557 ALT 19 NORTH PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC PUTNAM, STEVE 5 LINDEN LANE PALM HARBOR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, ERNIE 4141 WINDING WILLOW DRIVE PALM HARBOR, FL 34683	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, JOE 583 BELTED KINGFISHER DRIVE N PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS COLLINS, JOE 583 BELTED KINGFISHER DRIVE N PALM HARBOR, FL 34683	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WEAKLAND, THELMA 337 MYRTLE AVENUE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC PELUSO, DR. KENNETH B 36949 U.S. HWY 19 NORTH PALM HARBOR, FL 34684	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BATASSA, MARIO F 29712 US HWY 19 N., SUITE 430 CLEARWATER FL 33761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, MIKE 2197 BRENT PLACE PALM HARBOR FL 34683	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR, CHAIRMAN SMITH, MIKE 2197 BRENT PLACE PALM HARBOR, FL 34683	☒ Change ☐ Addition

CR2E037 (5/01)

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 R. Michael Suty 8/8/2001 (727) 784-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #