

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90555 001 ****30.63

02-25-2002 90555 002 ****30.62

DOCUMENT # N13089

1. Entity Name

PALM HARBOR COMMUNITY SERVICES AGENCY, INC.

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

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
D
CARR, ROBERT J
557 ALT 19 NORTH
PALM HARBOR FL 34683 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, ERNIE
4141 WINDING WILLOW DRIVE
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
SMITH, ERNIE
4141 WINDING WILLOW DRIVE
PALM HARBOR FL 34683 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
COLLINS, JOE
583 BELTED KINGFISHER DRIVE N
PALM HARBOR FL 34683 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MALOUF, SEANNETTE
700 DELAWARE AVENUE
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
☐ 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
DC
SMITH, MIKE
2197 BRENT PLACE
PALM HARBOR FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PELUSO, DR. KENNETH
36949 U.S. HWY 19 N.
PALM HARBOR, FL 34684 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 31, 2002 (727) 784-3332

Date Daytime Phone #

CR2E037 (9/01)