

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90147 050 ****61.25

DOCUMENT # N16614

1. Entity Name

THE LONG CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

1501 N. BELCHER ROAD, STE. 224
 CLEARWATER FL 34625-8302

1501 N. BELCHER ROAD, STE. 224
 CLEARWATER FL 34625-8302

80066601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2702966

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~RESLER, ROBB~~
 1501 N. BELCHER RD.
 STE. 224
 CLEARWATER FL 34625

Name **Abdo, Mark**

Street Address (P.O. Box Number is Not Acceptable)
1501 N. Belcher Ste. 224

City **Clearwater**

FL

Zip Code **33765**

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 **Mark N. Abdo**

Mark N. Abdo

4/3/02

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 ☒ Delete
 NAME **TT**
 STREET ADDRESS **CALLAN, PAT**
 CITY-ST-ZIP **1000 PINELLAS ST.**
CLEARWATER FL 33756-3433

TITLE ☐ Change ☒ Addition
 NAME **CD**
 STREET ADDRESS **Weaver, Charles**
 CITY-ST-ZIP **12507 Bronco DR.**
Tampa FL 33626

TITLE ☒ Delete
 NAME **CT**
 STREET ADDRESS **TRACY, JAN H**
 CITY-ST-ZIP **1006 WINDHAM WAY**
SAFETY HARBOR FL 34695

TITLE ☐ Change ☒ Addition
 NAME **DS**
 STREET ADDRESS **Giordano, Gary**
 CITY-ST-ZIP **1046 Chinaberry Rd.**
clearwater FL 34624

TITLE ☒ Delete
 NAME **VT**
 STREET ADDRESS **KELTER, JOANI B**
 CITY-ST-ZIP **2700 SWEET BAY LN**
PALM HARBOR FL 34684

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Tyler, Scott**
 CITY-ST-ZIP **4625 East Bay DR. #201**
clearwater FL 33764

TITLE ☒ Delete
 NAME **ST**
 STREET ADDRESS **JOHNSTON, TRISH**
 CITY-ST-ZIP **880 MANDALAY APT N 102**
CLEARWATER FL 33767

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Schoenig, Walt**
 CITY-ST-ZIP **2428 Fairbanks Dr.**
Clearwater FL 33764

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 **(727) 536-256**
 Date Daytime Phone #

CR2E037 (9/01)