

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26459

1. Entity Name

PARENT TO PARENT OF PINELLAS COUNTY, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90069 047 ****61.25

Principal Place of Business

1960 E. DRUID RD.
CLEARWATER FL 34624
US

Mailing Address

1960 E. DRUID RD
CLEARWATER FL 33764-4722
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2942386

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDONATO, HELEN
1856 BARCELONA DRIVE
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

Helen Sandomato

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

14805 Seminole Trail

City

Seminole

FL

Zip Code

33776

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

Helen Sandomato

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/4/00

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

TITLE DS ☐ Delete
NAME JADENE RANDELL
STREET ADDRESS 1998 SUNTREE BLVD
CITY-ST-ZIP CLEARWATER FL

TITLE DT ☐ Delete
NAME LAWYER, SHIRLEY
STREET ADDRESS 1509 REGINA DRIVE W
CITY-ST-ZIP LARGO FL

TITLE DT ☐ Delete
NAME MILLIRON, VICKY
STREET ADDRESS 1837 FEATHER TREE CR
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ Delete
NAME THOMAS, KIM
STREET ADDRESS 234 ARBOR DR E
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE DP ☐ Delete
NAME SANDONATO, HELEN
STREET ADDRESS 1856 BARCELONA DR
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS martha massimo
CITY-ST-ZIP 4600 Juniper Dr
Palm Harbor, FL 34685

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 SANDONATO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/99)