

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N26459**

1. Entity Name

PARENT TO PARENT OF PINELLAS COUNTY, INC.

Principal Place of Business

**1960 E. DRUID RD.
CLEARWATER FL 34624
US**

Mailing Address

**1960 E. DRUID RD
CLEARWATER FL 34625
US**

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

59-2942386

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SANDONATO, HELEN
14805 SEMINOLE TRAIL
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

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

TITLE	DS	<input type="checkbox"/> Delete
NAME	JADENE RANDELL	
STREET ADDRESS	1998 SUNTREE BLVD	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	DT	<input type="checkbox"/> Delete
NAME	LAWYER, SHIRLEY	
STREET ADDRESS	1509 REGINA DRIVE W	
CITY-ST-ZIP	LARGO FL	

TITLE	DT	<input type="checkbox"/> Delete
NAME	MILLIRON, VICKY	
STREET ADDRESS	1837 FEATHER TREE CR	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, KIM	
STREET ADDRESS	234 ARBOR DR E	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	DP	<input type="checkbox"/> Delete
NAME	SANDONATO, HELEN	
STREET ADDRESS	1856 BARCELONA DR	
CITY-ST-ZIP	DUNEDIN FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	MASSIMO, MARTHA	
STREET ADDRESS	4600 JUNIPER DR	
CITY-ST-ZIP	PALM HARBOR FL 34685	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FILED**
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90222 028 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)