

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90060 020 ****61.25

DOCUMENT # N26459

1. Entity Name

PARENT TO PARENT OF PINELLAS COUNTY, INC.

Principal Place of Business

Mailing Address

1960 E. DRUID RD.
 CLEARWATER FL 34624
 US

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

7. Name and Address of New Registered Agent

SANDONATO, HELEN
14805 SEMINOL TRAIL
SEMINOLE FL 33776

Name **Helen Sandonato**

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

1051 Sedeeva ST

City **Clearwater**

FL

Zip Code **33755**

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

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

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

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

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

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

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

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

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

TITLE **DP** ☒ Change ☐ Addition
 NAME **Sandonato, Helen**
 STREET ADDRESS **1051 Sedeeva St.**
 CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **D** ☐ Delete
 NAME **MASSIMO, MARTHA**
 STREET ADDRESS **4600 JUNIPER DR**
 CITY-ST-ZIP **PALM HARBOR FL 34685**

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 like empowered.

SIGNATURE:

Helen Sandonato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 727462-1591

Date

Daytime Phone #

CR2E037 (9/01)