

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2002 8:00 am  
Secretary of State

04-18-2002 90462 027 \*\*\*\*61.25

DOCUMENT # N32968

1. Entity Name

ASAP HOMELESS SERVICES, INC.

Principal Place of Business

423 11TH AVENUE SOUTH  
ST. PETERSBURG FL 33701  
US

Mailing Address

PO BOX 3910  
ST. PETERSBURG FL 33731-3910

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 65-0132187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

832324



6. Name and Address of Current Registered Agent

RUSSO, ANTHONY  
BAYPORT PLAZA SUITE 1100  
6200 COURTENEY CAMPBELL CAUSEWAY  
TAMPA FL 33607

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 TD ☐ Delete  
NAME FEIL, ROBYN  
STREET ADDRESS 265- 126TH AVE  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE VPD ☐ Delete  
NAME RUSSO, ANTHONY  
STREET ADDRESS 6200 COURTENAY CAMPBELL CSWY SUITE 1100  
CITY-ST-ZIP TAMPA FL 33607

TITLE D ☒ Delete  
NAME THOMAS L ANDERSON  
STREET ADDRESS 9429 122ND AVE N  
CITY-ST-ZIP LARGO FL 34643

TITLE PD ☐ Delete  
NAME JOE MYERS & ANN MYERS  
STREET ADDRESS 17408 GULF BLVD., #1504  
CITY-ST-ZIP ST. PETERSBURG FL 33708

TITLE SD ☐ Delete  
NAME CRUTCHFIELD, COLLEEN  
STREET ADDRESS 935 EDEN ISLE DR NE  
CITY-ST-ZIP ST PETERSBURG FL 33704

TITLE ☐ Delete  
NAME Peggy Williams  
STREET ADDRESS 1636 Anastasia Way S.  
CITY-ST-ZIP St. Petersburg, FL 33712

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Board of Directors/member ☐ Change ☒ Addition  
NAME Sandra Hopkins  
STREET ADDRESS 2401 15th Ave S.  
CITY-ST-ZIP St. Petersburg, FL 33712

TITLE Director Board of Directors ☐ Change ☐ Addition  
NAME Russo, Anthony  
STREET ADDRESS 6200 Courtney Campbell CSWY Suite 100  
CITY-ST-ZIP Tampa FL 33607

TITLE Board of Directors/member ☐ Change ☒ Addition  
NAME Kimberly Konow  
STREET ADDRESS 14228 Puffin Court  
CITY-ST-ZIP Clearwater, FL 33762

TITLE Secretary ☒ Change ☐ Addition  
NAME Joe Myers  
STREET ADDRESS 17408 Gulf Blvd # 1504  
CITY-ST-ZIP Red.

TITLE Vice - President ☒ Change ☐ Addition  
NAME Crutchfield, Colleen  
STREET ADDRESS 935 EDEN ISLE DR NE  
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE Board of Directors/member ☐ Change ☒ Addition  
NAME Marge Gibbons  
STREET ADDRESS 15007 Sovereign Dr  
CITY-ST-ZIP Largo, FL 33771

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: *Debbie Rowland* **SIGNATURE REQUIRED** *Debbie Rowland, Executive Director* 823-5665  
3-26-02 727-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)