

**2001 UNIFORM BUSINESS REPORT (UBR)**

5/4

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90023 003 \*\*\*\*61.25

**DOCUMENT # N38247**

1. Entity Name

**TRANSITIONS AT ABILITIES, INC.**

Principal Place of Business

Mailing Address

2769 WHITNEY RD.  
 CLEARWATER FL 33760  
 US

C/O GENE THOMAS  
 2735 WHITNEY ROAD  
 CLEARWATER FL 33760  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3016075**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDONATO, WILLIAM, JR.**  
**2735 WHITNEY ROAD**  
**CLEARWATER FL 34620**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDONATO, WILLIAM	
STREET ADDRESS	1856 BARCELONA DR	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BARNARD, RICHARD E	
STREET ADDRESS	2735 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KELLER, PATRICK	
STREET ADDRESS	2984 SANDPIPER PL	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK DELUCIA	
STREET ADDRESS	6429 28th TERRIS N.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33760	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE THOMAS	
STREET ADDRESS	1220 38th Ave NE	
CITY-ST-ZIP	St. Petersburg, FL 33704	
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 REQUIRED** *Frank Delucia*

*4/10/01 (727) 528-7270*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)