

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44661

Entity Name

ATHWAYS TO EXCELLENCE OF ST. PETERSBURG, INC.

Principal Place of Business  
55 26th Avenue South  
Petersburg FL 33711-3550

Mailing Address  
3455 26th Avenue South  
St. Petersburg, FL 33711-3550  
US

Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip

City & State  
Zip

Country

Country

4. FEI Number  
59-3128764

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RHOADES, JOHN  
2525 PASADENA AVENUE  
SUITE H  
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
P HIGHSMITH, LEON 3317 17th Avenue South St. Petersburg, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V LYONS, DEBORAH L. 4264 45th Street South St. Petersburg, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S/D BLAKE, DEBORAH 2219 41st Street South St. Petersburg, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T DAVIS, RONALD D. 2621 Martin Luther King Street South St. Petersburg, FL 33705	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EXED JACKSON-EDWARDS, DORIS 1919 22nd Avenue South St. Petersburg, FL 33712	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V/D PERRY, SHEILA J. 2500 38th Street South St. Petersburg, FL 33711	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leon Highsmith* 5-25-00 (727) 327-0554  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #