

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44661

1. Entity Name

PATHWAYS TO EXCELLENCE OF ST. PETERSBURG, INC.

Principal Place of Business

3455 26TH AVENUE SOUTH
ST. PETERSBURG FL 33711
US

Mailing Address

3455 26TH AVENUE SOUTH
ST. PETERSBURG FL 33711
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

59-3128764

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

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 P
NAME HIGHSMITH, LEON ☐ Delete
STREET ADDRESS 3317-17TH AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE V
NAME LYONS, DEBORAH L ☐ Delete
STREET ADDRESS 4264-45TH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33711

TITLE S/D
NAME BLAKE, DEBORAH ☐ Delete
STREET ADDRESS 2219 41ST STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33711

TITLE T
NAME DAVIS, RONALD D ☐ Delete
STREET ADDRESS 2621 M.L.K. STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33705

TITLE EXED
NAME JACKSON EDWARDS, DORIS ☐ Delete
STREET ADDRESS 1919-22ND AVENUE SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE V/D
NAME PERRY, SHEILA J ☐ Delete
STREET ADDRESS 2500-38TH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Leona Highsmith* 12-30-01 (727) 328-2409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90094 021 *****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)