

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90183 005 ****65.00

DOCUMENT # N44661

1. Entity Name

PATHWAYS TO EXCELLENCE OF ST. PETERSBURG, INC. ✓

Principal Place of Business

Mailing Address

17TH AVENUE SOUTH
 ST. PETERSBURG FL 33712

3317 17TH AVENUE SOUTH
 ST. PETERSBURG FL 33712
 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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHOADES, JOHN
2525 PASADENA AVENUE
SUITE H
ST. PETERSBURG FL 33711

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

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

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

TITLE **Vice-Pres.** ☒ Change ☒ Addition
 NAME **Dana C. Pittman**
 STREET ADDRESS **1251 - 13th Avenue South**
 CITY-ST-ZIP **St. Petersburg, FL 33712**

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

TITLE **S/D** ☒ Change ☒ Addition
 NAME **Gwendolyn Y. Thomas**
 STREET ADDRESS **6760 - 22nd Way South**
 CITY-ST-ZIP **St. Petersburg, FL 33712**

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

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

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

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

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

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: Leon Highsmith **NOTARIZATION REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-02

727-321-1384

Date

Daytime Phone #

CR2E037 (9/01)