

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001208

1. Entity Name
L.A. APPELLEY PROFESSIONAL MANAGEMENT FOUNDATION Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90042 013 ****61.25

Principal Place of Business
3136 Autumn Drive
Palm Harbor, FL 34683

Mailing Address
SAME

2. Principal Place of Business
3136 Autumn Dr.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Harbor, FL

City & State

4. FEI Number
52-2159930

Applied For
Not Applicable

Zip
34683

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

Gabriel N. Stilian
3136 Autumn Drive
Palm Harbor, FL 34683

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

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	PDT	<input type="checkbox"/> Delete
NAME	Gabriel N. Stilian	
STREET ADDRESS	3136 Autumn Drive	
CITY-ST-ZIP	Palm Harbor, FL 34683	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Cheryl McCarthy	
STREET ADDRESS	1249 Dartmouth Drive	
CITY-ST-ZIP	Holiday, FL 34691	
TITLE	D	<input type="checkbox"/> Delete
NAME	Edward Caldwell	
STREET ADDRESS	1932 Carlos Ave.	
CITY-ST-ZIP	Clearwater, FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Gabriel N. Stilian **GABRIEL N. STILIAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/00
(727) 778-4963

CR2E037 (9/99)