

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90035 047 \*\*\*\*70.00

**DOCUMENT # 700308**

1. Entity Name

**EASTER SEALS FLORIDA, INC.**

Principal Place of Business

1040 WOODCOCK RD  
 SUITE 215  
 ORLANDO FL 32803  
 US

Mailing Address

1040 WOODCOCK RD  
 SUITE 215  
 ORLANDO FL 32803-3510  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0637848**

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

**KERN, JOSEPH G ESQ.  
 LOWNDES, DROSDICK, DOSTER, KANTOR & REED  
 215 NORTH EOLA DRIVE  
 ORLANDO FL 32801**

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 | NAME                 | STREET ADDRESS                | CITY-ST-ZIP        | Delete                   | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change                   | Addition                 |
|-------|----------------------|-------------------------------|--------------------|--------------------------|-------|------|----------------|-------------|--------------------------|--------------------------|
| TD    | JOSEPH G. KERN       | 215 NORTH EOLA DRIVE          | ORLANDO FL         | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| VCD   | ROCK, JOANNE         | 502 S WILLOW #4               | TAMPA FL           | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| PC    | REZZONICO, ANN MARIE | 1903 S CONGRESS AVE SUITE 180 | BOYNTON BEACH FL   | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| P     | GRIGGS, ROBERT J     | 1040 WOODCOCK RD SUITE 215    | ORLANDO FL 32803   | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| CD    | KNEEN, JEFFREY       | 1400 CENTREPARK BLVD., #1000  | WEST PALM BEACH FL | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
| FVCD  | PEACOCK, DAN T       | 1715 N WESTSHORE BLVD., #900  | TAMPA FL           | <input type="checkbox"/> |       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joseph G. Kern*

03/01/00

Date

407-488-6358

Daytime Phone #

CR2E037 (9/99)