2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2002 8:00 am Secretary of State DOCUMENT # **700308** 1. Entity Name 02-17-2002 90086 005 ****61.25 EASTER SEALS FLORIDA, INC. Principal Place of Business Mailing Address 1040 WOODCOCK RD 1040 WOODCOCK RD SUITE 215 SUITE 215 ORLANDO FL 32803 ORLANDO FL 32803 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0637848 Not Applicable Zip Country 7ip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KERN, JOSEPH G ESQ. DARDEN RESTAURANTS, INC **5900 LAKE ELLENOR DR** City Zip Code ORLÁNDO FL 32809 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 Make Check Payable to \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. \Box Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 2VC TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E037 (9/01 JOSEPH G. KERN NAME NAME STREET ADDRESS STREET ADDRESS 5900 LAKE ELLENOR DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 VCD Addition TITLE ☐ Delete TITLE ☐ Channe ROCK, JOANNE NAME NAME STREET ADDRESS 502 S WILLOW #4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE FIELDS, ZACHARY NAME NAME STREET ADDRESS 3599 UNIVERSITY BLVD S., STE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 Change ☐ Addition TITI F □ Delete T)T) F GRIGGS, ROBERT J NAME NAME STREET ADDRESS 1040 WOODCOCK RD SUITE 215 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP Addition TITLE ☐ Delete TÌTLE HANNA, EDWARD NAME NAME STREET ADDRESS 901 INTERNATIONAL PKWY #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746-4711 FVCD ☐ Delete TITLE ☐ Change ☐ Addition

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

NAME

STREET ADDRESS CITY-ST-ZIP

PEACOCK, DAN T

1715 N WESTSHORE BLVD., #900

NAME

STREET ADDRESS