

8/8/01-90007-009

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 8:00 am  
Secretary of State**

08-08-2001 90007 009 \*\*\*\*61.25

**DOCUMENT # 749933**

1. Entity Name

**THE FLORIDA ASSOCIATION FOR THE GIFTED (FLAG), I**

Principal Place of Business

Mailing Address

5101 LAKE IN THE WOODS BLVD  
LAKELAND FL 33813  
US5101 LAKE IN THE WOODS BLVD  
LAKELAND FL 33813  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **59-2446401**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, TERRY S  
5101 LAKE IN THE WOODS BLVD  
LAKELAND FL 33813

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 reappointing)

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RATLIFF, MARYANN DR.</b>	
STREET ADDRESS	<b>4406 CARROLLWOOD VILLAGE DRIVE</b>	
CITY-STATE-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROSSELL, HILDA</b>	
STREET ADDRESS	<b>4202 EAST FOWLER AVENUE</b>	
CITY-STATE-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILSON, TERRY S</b>	
STREET ADDRESS	<b>5101 LAKE IN THE WOODS BLVD</b>	
CITY-STATE-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PRESIDENT COLARULLI, ROSEMARY</b>	
STREET ADDRESS	<b>4176 BURNS ROAD</b>	
CITY-STATE-ZIP	<b>PLAIN BAY GARDENS, FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TREASURER LEE, LOIS</b>	
STREET ADDRESS	<b>19711 N.W. 7TH STREET</b>	
CITY-STATE-ZIP	<b>PEMBROKE PINES, FL 33084</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, DONALD</b>	
STREET ADDRESS	<b>16201 OWASCO CIRCLE</b>	
CITY-STATE-ZIP	<b>DAVIE, FL 33331</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

CR2E037 (10/00)

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/25/01**

Date

**305 995-1922**

Daytime Phone #

*Attachment 12/97  
#749933*

**FLORIDA ASSOCIATION FOR THE GIFTED  
5101 LAKE IN THE WOODS BOULEVARD  
LAKELAND, FL 33813**

Florida Department of State  
Ms. Katherine Harris  
Secretary of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Secretary Harris:

Please find enclosed the corrections to the annual report/uniform business report as requested.  
The following persons are designated as directors for the Florida Association for the Gifted:  
Dr. Rosemary Colarulli, Ms. Lois Lee, and Dr. Maryann Ratliff.

Should you need additional information please contact the Association at the above address, or  
Ms. Lois Lee, treasurer, at 954 430-0740.

Sincerely,

*Lois Lee*

Lois Lee  
FLAG Treasurer