# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 24, 2002 8:00 am**
**Secretary of State**
04-24-2002 90335 002 ****61.25

00444584

DOCUMENT # 749933

1. Entity Name

THE FLORIDA ASSOCIATION FOR THE GIFTED (FLAG), I NC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5101 LAKE IN THE WOODS BLVD<br>LAKELAND FL 33813<br>US | 5101 LAKE IN THE WOODS BLVD<br>LAKELAND FL 33813<br>US |

DO NOT WRITE IN THIS SPACE

| 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 59-2446401 ☐ Applied For ☐ Not Applicable

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<br>5101 LAKE IN THE WOODS BLVD<br>LAKELAND FL 33813 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | D<br>RATLIFF, MARYANN DR.<br>4406 CARROLLWOOD VILLAGE DRIVE<br>TAMPA FL 33624 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>COLARULLI, ROSEMARY<br>4176 BURNE ROAD<br>PALM BEACH GARFENS FL 33410 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>SELLERS, HAZEL<br>1990 De La PALMA<br>BARTOW, FL 33830<br>☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>LEE, LOIS<br>19711 NW 7TH STREET<br>PEMBROKE PINES FL 33029 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SMITH, DONNAJO<br>16201 OWASCO CIRCLE<br>DAVIE FL 33331 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 Lois Lee Lois Lee 4/13/02 954 430-0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #