# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 08, 2000 8:00 am**
**Secretary of State**
06-08-2000 90002 015 ****70.00

DOCUMENT # 750099

1. Entity Name

FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 308 E. Park Avenue<br>Ste. 201-213<br>Tallahassee, FL 32301<br>US | 308 E. Park Avenue<br>Ste. 201-213<br>Tallahassee, FL 32301<br>US |

BU101503

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 59-2055476 ☐ 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 |
|---|---|
| ROSENTHAL, LYNN<br>308 E. Park Avenue<br>Ste. 201-213<br>Talahassee, FL 32301 | Name: Tiffany Carr<br>Street Address (P.O. Box Number is Not Acceptable): 308 E. Park Avenue<br>Ste. 201-213<br>City: Tallahassee FL Zip Code: 32301 |

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: Tiffany C — Executive Director — 4/30/2000
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 | | |
|---|---|---|---|---|---|
| | | | | Change | Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HERRMANN, KATHY<br>P.O. BOX 10102 N/A<br>NAPLES, FL 34101 | ☐ Delete | PD<br>M.F. WARREN<br>211 N. RIDGEWOOD AVE. STE 301<br>DAYTONA, FL 32114 | ☐ | ☒ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SCHROEDER, ROBERT<br>7831 NE MIAMI CT<br>MIAMI, FL 33138 | ☐ Delete | VD#1<br>KELLY OTTE<br>P.O. BOX 20910<br>TALLAHASSEE, FL 32316 | ☒ | ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PPD<br>PUGH, HOLLAN<br>P.O. BOX 2921 N/A<br>SANFORD, FL | XX ☐ Delete | VD#2<br>ROBERT SCHROEDER<br>7831 NE MIAMI CT.<br>MIAMI, FL 33138 | ☒ | ☐ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PPD<br>SILER, ELLEN<br>P.O.BOX 142 N/A<br>ORANGE PARK, FL | XX ☐ Delete | SD<br>VENITA GARVIN<br>P.O. BOX 2696<br>MARATHON SHORES, FL 33052 | ☐ | ☒ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | RSD<br>WIDERA, FRIEDA<br>P.O. BOX 1540 N/A<br>COCOA, FL 32927 | XX ☐ Delete | ED<br>TIFFANY CARR<br>308 E. Park Ave.<br>TALLAHASSEE, FL 32301 | ☐ | ☒ |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>OTTE, KELLY<br>P.O. BOX 20910 N/A<br>TALLAHASSEE, FL 32316 | ☐ Delete | PPD<br>KATHY HERRMANN<br>P.O. BOX 10102<br>NAPLES, FL 34101 | ☒ | ☐ |

CR2E037 (9/99)

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:** Robert Schroeder — Robert Schroeder (305)758-2804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — ~~Tiffany Carr~~ 4/30/00 ~~(850)425-2749~~ Date / Daytime Phone