

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750099

1. Entity Name

FLORIDA COALITION AGAINST DOMESTIC VIOLENCE, INC

Principal Place of Business

308 E. PARK AVENUE
STE. 201-213
TALLAHASSEE FL 32301
US

Mailing Address

308 E. PARK AVENUE
STE. 201-213
TALLAHASSEE FL 32301
US

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

CARR, TIFFANY
308 E. PARK AVENUE
STE. 201-213
TALLAHASSEE FL 32301

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
PPD
HERRMANN, KATHY
P.O. BOX 10102 N/A
NAPLES FL 34101 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Beth Hughes
PO Box 3319
St Augustine FL 32085 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD2
SCHROEDER, ROBERT
7831 NE MIAMI CT
MIAMI FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD2
Ellen Siler
PO Box 4909
Jacksonville FL 32201 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
WARREN, MF
211 N RIDGEWOOD AVE STE 301
DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GARVIN, VENITA
PO BOX 2696
MARATHON SHORES FL 33052 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
CARR, TIFFANY
308 E PARK AVE
TALLAHASSEE FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
OTTE, KELLY
P.O. BOX 20910 N/A
TALLAHASSEE FL 32316 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90440 036 ****61.25

929515



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)