

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90057 022 ****70.00

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1. Entity Name

FLORIDA INSTITUTE OF REHABILITATION EDUCATION FOR PEOPLE WHO ARE VISUALLY IMPAIRED OR BLIND, INC



Principal Place of Business

**1286 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301
US**

Mailing Address

**1286 CEDAR CENTER DRIVE
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 **59-2288754**

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

**KOCH, HAROLD ARTHUR J
1528 REECE PARK LANE
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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **JONES, LYNDIA**
STREET ADDRESS **1286 CEDAR CENTER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **VPVD** ☐ Delete
NAME **MARTINDALE, HAROLD**
STREET ADDRESS **1286 CEDAR CENTER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **TD** ☐ Delete
NAME **MIZELL, BELINDA**
STREET ADDRESS **1286 CEDAR CENTER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **SD** ☐ Delete
NAME **BOWDEN, ELIZABETH**
STREET ADDRESS **1286 CEDAR CENTER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

Harold Martindale, President

Calvert Durden, Vice President

-Treasurer; Vacant

Belinda Mizell, Secretary

☒ Change ☐ Addition

NAME **ELIZABETH BOWDEN**
STREET ADDRESS **1286 CEDAR CENTER DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32301**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Harold Koch **1/9/03** **8599423658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)