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

## DOCUMENT # N0000000988

1. Entity Name

**SIGNATURE:** 

THE NATIONAL SPECIAL NEEDS NETWORK FOUNDATION, I



## FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91439 022 \*\*\*\*61.25

954-345-6465

MIDIC, JEFFREY, IESO  6. Name and Address of Current Registered Agent  MIDIC JEFFREY, IESO  904 1 MARK PL 33221  MIDIC JEFFREY, IESO 904 1 MEST MONAGE PL  5. Name of control of large special of la	NC.						1 Tab					
\$46.3 N.	8041 WEST MCNAB RD. 8041 WEST				).							
\$46.3 N.												
Sulte, Apt. #, etc.						Dive						
Coy & Spring FL Coy & State   A FEI Number 65-0881102   Applied Fr   Applied For   App	Suite, Apt.	#, etc.	7		, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
230617 Country 30617 CCURTY Sand Address of New Registered Agent 7. Name and Address of Name Agent 7. Name and Address of New Registered Agent 7. Name and Address of Name Agent 7. Name 8. Name 8. Name 8. Name 9. Name 9	City & Stat	:e_	FL	Coral Spans			4. FEI Number	65-0981102		<del></del>		
Name and Address of Current Registered Agent   Name and Address of New Registered Agent   Name and Address   Name and Addres	Zip	' 0	Country	Zip	Cou	intry		5. Certificate of	Status Desired	\$	<b>8.75</b> Ad	ditional
MINDE, JEFFREY ESO. 8041 WEST MCN&B RD. TAMARAC FL 33321  8. The above named entity submits this statement for the gropose 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.  FILE NOW: FEE IS \$61.25  SIGNATURE  FILE NOW: FEE IS \$61.25  SIGNATURE  BY OFFICERS AND DIRECTORS  TURS FUND Comparing Financing Trust Fund Controlled.  OFFICERS AND DIRECTORS  TILE NAME  MINDE, JEFFREY H ESO.  SIREET AURIESS  OTY-ST-2P  TIME  OCHY-ST-2P  TAMARAC FL 33321  TIME  OCHY-ST-2P  TAMARAC FL 333231  TIME  OCHY-ST-2P  TAMARAC FL 333231  TIME  OCHY-ST-2P  TAMARAC FL 333231  TIME  OCHY-S	00007		and Address of Current R								jent	
SIGNATURE  ### Addition    Minute, JEFFREY HESQ.		rerest de				Mind	le. J	Effey H. E	59 -			
EVANTURE   SpringS   FL   Table   Tabl	8041 WE	ST MCNAB				Street A	ddress (I	P.Q. Box Number i	Not Acceptable	2		
B. The above named entity submits this statement for the guipose 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 submits the statement for the guipose stagle it apolicable.    FILE NOW: FEE IS \$61.25						City	./ <a< td=""><td>Hras</td><td></td><td>FL</td><td>Zin Coo</td><td>67</td></a<>	Hras		FL	Zin Coo	67
SIGNATURE    Supple Propose or printed Funces and flags is applicative.   Mincher, Esq.   Mincher, Esq.	8. The above	named entity	submits this statement for	the purpose of changing	g its registere	ed office o	r register	ed agent, or both,	in the State of Flo	orida. I am fa	miliar with,	and accept
FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  10. 1 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME  MINDE, JEFFREY H ESQ. 3041 WEST MCNAB RD. TAMARAC FL 33321  TITLE NAME  STREET ADDRESS  CITY-S1-2P  TUCKER, KENNETH S  GITY-S1-2P  GITY-S1-2P  TUCKER, KENNETH S  GITY-S1-2P  GI	the obligat	tions of regist	ered agent.	<b>I</b>		,				/	1	
FILE NOW: FEE IS \$61.25  P. Election Campaign Financing Trust Fund Contribution.  10. 1 OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE NAME  MINDE, JEFFREY H ESQ. 3041 WEST MCNAB RD. TAMARAC FL 33321  TITLE NAME  STREET ADDRESS  CITY-S1-2P  TUCKER, KENNETH S  GITY-S1-2P  GITY-S1-2P  TUCKER, KENNETH S  GITY-S1-2P  GI	SIGNATURE	411	4. N.K/s	59. Jeffrey	H. Mirc	le, Es	9.			4/20	/03	
Trust Fund Contribution.  Added to Fees   Florida Department of State    10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   D	•	Signatur, typed	or printed name of registered agent ar		(NOTE: Registere	d Agent signat	ture required	when reinstating)		DATE		
Trust Fund Contribution.  Added to Fees   Florida Department of State    10.   OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   D				9 Flection	Campaign F	inancino		¢= 00	Ma	ke Check	Pavable	to
TITLE   D   Delete   MINDE, JEFFREY H ESQ.   MINDE, JEFFREY H ESQ.   MAME   STREET ADDRESS   MAME	l	FILE NOW	FEE IS \$61.25	l l		_					-	
TITLE   D   Delete   MINDE, JEFFREY H ESQ.   MINDE, JEFFREY H ESQ.   MAME   STREET ADDRESS   MAME	10		OEEICEDE AND DID	ECTORS	11			ADDITIONS/CHAN	GES TO DEFICE	RS AND DIRE	CTORS IN	J 10
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME		D	, OFFICENS AND DINI				,					
TITLE NAME COHN, L JERRY ESQ. STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321  TITLE NAME TUCKER, KENNETH S STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE D D D D D D D D D D D D D D D D D D D	NAME					E	Minde	e, Jeffrey	H. 559.	£242		
TITLE NAME COHN, L JERRY ESQ. STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321  TITLE NAME TUCKER, KENNETH S STREET ADDRESS CITY-ST-ZIP TITLE D D D D D D D D D D D D D D D D D D D						ET ADDRÉSS - ST-7IP	4613	N. Universi	E1 3306	7		
NAME STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321  TITLE TUCKER, KENNETH S STREET ADDRESS CITY-ST-ZIP  TITLE O MALLOY, THOMAS J STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP			12 33021	Delete			Coro	4 Springs	72 0000	•	☐ Change	Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				<b>,</b>								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				-			'		والمستميد مستهدي	- <sub>:</sub>		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	D	12 00021	☐ Delete	TITLE						Change	Addition
CITY-ST-ZIP  BOCA RATON FL 33434  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME											
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP		+	01112 00401	☐ Delete	TITLE						Change	☐ Addition
CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP												
TITLE NAME STREET ADDRESS CITY-ST-ZIP												
NAME STREET ADDRESS CITY-ST-ZIP		1,2,7,7,011		☐ Delete				·	•		Change	Addition
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         Addition           NAME         NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CITY-ST-ZIP         CITY-ST-ZIP												
TITLE         Delete         TITLE         Change         Addition           NAME         NAME           STREET ADDRESS         STREET ADDRESS           CITY-ST-ZIP         CITY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP		!		☐ Delete	TITLE						Change	Addition
CITY-ST-ZIP CITY-ST-ZIP												
		1										
indicated on this report or supplemental report is true and accordate 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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if		Legify that the	information augmlied with t				L					
	لمشاهمة المسا	cointing that the	rinonnation supplied with	this filing does per qualit	y for the exe	mption sta	ited in Se	ction 119.07(3)(i),	Florida Statutes.	I further certif	y that the i	nformation