FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 12, 2002 8:00 am Secretary of State DOCUMENT # N00000008096 1. Entity Name 09-12-2002 90096 050 ****61.25 THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATIO N. INC. Principal Place of Business Mailing Address 11198 622 BYPASS DRIVE 622 BYPASS DRIVE CLEARWATER FL 33764 STE 200 CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address 3000 Gulf to Bay Blyd 3000 Gulf to Bay Blvd Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste 102 Ste. 102 City & State City & State 4. FEI Number Applied For Clearwater 59-3705979 Cleawatei Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3335 33759 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STAUNTON, JOHN ESO. Street Address (P.O. Box Number is Not Acceptable) STAUNTON, JOHN ESQ. 3000 Gulf to Bay Blvd. **622 BYPASS DRIVE** Ste. 102 #200 Clearwater CLEARWATER FL 33764 Zip Code 33759 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** ed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. П Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE DVT ☐ Delete TITLE Change Addition NAME STAUNTON, JOHN W ESQ NAME STAUNTON, JOHN W ESQ. STREET ADDRESS 622 BYPASS DRIVE #200 STREET ADDRESS 3000 Gulf to Bay Blvd., Ste. CITY-ST-ZIE CLEARWATER FL 33764 CITY-ST-ZIP Clearwater, FL 33759 TITI F DS Delete TITLE NAME GOVONI. LEO J NAME BERG, REBECCA ESQ. STREET ADDRESS 2600 1ST AVENUE NORTH STREET ADDRESS 4811 Beach Blvd., Ste 200 CITY-ST-ZIP ST PETERSBURG FL 33713 CITY-ST-ZIP Jacksonville, FL 32207 Delete Walruth, Brett SOLKOFF, SCOTT ESQ. STREET ADDRESS 2600 FIRST AVE NORTH STREET ADDRESS 1901 South Congress Avenue, Ste 350 CITY-ST-ZIP SAINT PETERSBURG FL 33713 CITY-ST-ZIP Boyton Beach, FL 33426 TITLE Delete TITLE NAME TALBOT, LINDA NAME WALDOCH, LAUCHLIN EŞQ STREET ADDRESS 622 BYPASS DRIVE #200 STREET ADDRESS 1024 East Park Avenue CITY-ST-ZIP CITY-ST-ZIP <u>CLEARWATER</u> FL 33764 Tallahassee, FL 32301 TITLE D **★**Delete TITLE ☐ Change ■ Addition NAME Sauer, Elizabeth NAME STREET ADDRESS 2600 FIRST AVE NORTH STREET ADDRESS CITY-ST-ZIP <u>Saint Peters</u>burg FL 33713 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

BRE REQUIRED

7/25/02