

2000 UNIFORM BUSINESS REPORT (UBR)

0008646

DOCUMENT # N17958

1. Entity Name

FLORIDA COUNCIL AGAINST SEXUAL VIOLENCE, INC.

FILED
00 FEB 29 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

525 JOHN KNOX RD.
UNITS C&D
TALLAHASSEE FL 32303
US

525 JOHN KNOX RD.
UNITS C&D
TALLAHASSEE FL 32303-4192
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

59-3432096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, DEBORAH
5715 JAPONICA CT.
TALLAHASSEE FL 32303

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 PD ☐ Delete
NAME THOMAS, DEBORAH
STREET ADDRESS 1169 OSCEOLA AVE.
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ Change ☐ Addition
NAME 700003164647--7
STREET ADDRESS -03/10/00--01010--003
CITY-ST-ZIP *****70.00 *****70.00

TITLE SD ☐ Delete
NAME ROBINSON, SANDI
STREET ADDRESS 2801 KENNEDY ST.
CITY-ST-ZIP PALATKA FL 32177

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

TITLE ATD ☐ Delete
NAME DELROSSI, ANN
STREET ADDRESS A4328 UNIERSITY CENTER
CITY-ST-ZIP TALLAHASSEE FL 32306-2441

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

TITLE ED ☐ Delete
NAME ROGERS, DEBORAH
STREET ADDRESS 5715 JAPONICA CT.
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Beverly Harris Elliott* 2/22/00 850-297-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)