

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21650

1. Entity Name

SECTION ON ADMINISTRATION, APTA, INC.

Principal Place of Business

1111 N FAIRFAX STREET
ALEXANDRIA VA 22314-8436

Mailing Address

1111 N FAIRFAX STREET
ALEXANDRIA VA 22314-8436

2. Principal Place of Business

P.O. Box 4553

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4553

Suite, Apt. #, etc.

City & State

Missoula, MT

City & State

Missoula, MT

Zip

59806-4553

Country

USA

Zip

59806-4553

Country

USA

4. FEI Number

34-1179218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KENVILLE, SUSAN A.
10330 SW 98TH STREET
MIAMI FL 33716

7. Name and Address of New Registered Agent

Name

Patrick R. Arthur

Street Address (P.O. Box Number is Not Acceptable)

University of S. Florida - Physical Therapy

12901 Bruce B. Downs Blvd MDC 77

City

Tampa

FL

Zip Code

33612-4766

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

Patrick R. Arthur

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/01

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

TITLE S ☐ Delete
NAME GRIFFIN, ANN
STREET ADDRESS 1924 KLCOA HIGHWAY
CITY-ST-ZIP KNOXVILLE TN 37920

TITLE VPD ☐ Delete
NAME RESNIK, CHERYL
STREET ADDRESS 1540 EAST ALCAZAR CHP 155
CITY-ST-ZIP LOS ANGELES CA 90033

TITLE TD ☐ Delete
NAME WAGNER, PATTY VAN
STREET ADDRESS 22710 126TH SE
CITY-ST-ZIP KENT WA 98031

TITLE PD ☐ Delete
NAME KOVARCEK, PETER
STREET ADDRESS 20225 DENBURY LANE
CITY-ST-ZIP HARPER WOODS MI 48225

TITLE PD ☐ Delete
NAME KOVACEK, PETER
STREET ADDRESS 20235 DANBURY LANE
CITY-ST-ZIP HARPER WOODS MI 8225

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S ☒ Change ☐ Addition
NAME Giffin, Ann
STREET ADDRESS 1924 Alcoa Highway
CITY-ST-ZIP Knoxville TN 37920

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP Los Angeles, CA 90089

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

TITLE PD ☒ Change ☐ Addition
NAME KOVACEK, PETER
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *Ann Giffin* REQUIER Giffin Secretary 2/15/01 865-544-9150

FILED
May 18, 2001 8:00 am,
Secretary of State

05-18-2001 90020 024 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)