2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State
08-07-2002 90183 004 ***175.00

DOCUMENT # N21650

1. Entity Name

SECTION ON ADMINISTRATION, APTA, INC.

Principal Place of Business	Mailing Address
PO BOX 4553 MISSOULA MT 59806-4553	PO BOX 4553 MISSOULA MT 59806-4553

DO NOT WRITE IN THIS SPACE

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 34-1179218 ☐ 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
ARTHUR, PARTICK R UNIVERSITY OF FLORIDA-PHYSICAL THERAPY 12901 BRUCE B. DOWNS BOULEVARD MDC77 TAMPA FL 33612-4766	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

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIFFIN, ANN 1924 ALCOA HIGHWAY KNOXVILLE TN 37920	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Carolyn Bloom 1045 SW Gage Blvd. Topeka KS 66604	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RESNIK, CHERYL 1540 EAST ALCAZAR CHP 155 LOS ANGELES CA 90089	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAUREEN (Reenie) Kavalar 6529 N. Braeburn Lane Glendale WI 53209-3323	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAGNER, PATTY VAN 22710 126TH SE KENT WA 98031	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOVACEK, PETER 20225 DENBURY LANE HARPER WOODS MI 48225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KOVACEK, PETER 20235 DANBURY LANE HARPER WOODS MI 8225	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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: Maureen K Kavalar MAUREEN KAVALAR 7-27-02 312-551-7115