

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90048 050 ****70.00

DOCUMENT # N28026

1. Entity Name

AUTISM SOCIETY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2058 REMINGTON GREEN
 TALLAHASSEE FL 32308
 US

2058 REMINGTON GREEN
 TALLAHASSEE FL 32308
 US

2. Principal Place of Business

PO BOX 266823

3. Mailing Address

PO BOX 266823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON FL

City & State

WESTON FL

4. FEI Number

59-2910367

Applied For

Not Applicable

Zip

33326

Country

USA

Zip

33326

Country

USA

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

GUARINO, MICHAEL
7268 CRYSTAL SPRING RUN
WEEKI WACHEE FL 34607

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	SEQUENZIA, VEN	
STREET ADDRESS	19732 NE 12TH PLACE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, SUSAN	
STREET ADDRESS	2641 NE 47TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ANN	
STREET ADDRESS	5890 CHEROKEE RD	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GUARINO, MICHAEL	
STREET ADDRESS	7268 CRYSTAL SPRING RUN	
CITY-ST-ZIP	WEEKI WACHEE FL 34607	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BATTEN, TINA	
STREET ADDRESS	2031 LITTLE FARMS CT	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARLIN, MARGIE	
STREET ADDRESS	11410 SAGE BLVD	
CITY-ST-ZIP	ALACHUA FL 32615	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE DINAPOLI	
STREET ADDRESS	1484 S 2ND AVE NE	
CITY-ST-ZIP	ST. PETERSBERG FL 33703	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL MONROE	
STREET ADDRESS	385 PERTYSHIRE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN SMITH	
STREET ADDRESS	_____	
CITY-ST-ZIP	_____	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA SPROULS	
STREET ADDRESS	15505 THORNHURST COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN MORANTES	
STREET ADDRESS	1054 CEDAR FALLS DRIVE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN REYNOLDS	
STREET ADDRESS	304 PARK LANE DRIVE	
CITY-ST-ZIP	VENICE FL 34285	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE OF SEQUENZIA **SEQUENZIA** 4/20/00 305-625-8017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

N28026

647001

AUTISM SOCIETY OF FLORIDA, INC.

POST OFFICE BOX 266823 - WESTON, FLORIDA 33326

TEL: 954-349-2820 - FAX: 954-349-2820

Board of Directors

Ven Sequenzia - President
Susan Goldstein - V. President
Susan Morantes - Secretary
Michael Guarino - Treasurer
Bessie Cardella
Anne DiNapoli
Margie Garlin
Carol Monroe
Judee Samuels-Podvin
Ann Smith

Past Officers

President
Jerry Bulloch - 1996-99
Michael Guarino - 1995-96
Dr. Ricky Cotton - 1992-95
Richard Bashaw - 1991-92
Wilbur Wells - 1988-91

Vice President
Bob Banks - 1996-99
Jerry Bulloch - 1995-96
Anne DiNapoli - 1993-95
Dr. Ricky Cotton - 1990-92
Richard Bashaw - 1988-90

Treasurer
Michael Guarino - 1996-
Dr. Ricky Cotton - 1995-96
Marge Hartig - 1988-95

Secretary
Tina Batten - 1999-
Susan Brooks - 1997-99
Adolfo Diaz - 1996-97
Ven Sequenzia - 1996
Christine Sequenzia - 1995-96
Ginny Clark - 1993-95
Anne DiNapoli - 1991-93
Ron Moore - 1988-91

Additional Director

D

LAURA NEWTON
13157 RINGNECK RD.
TALLAHASSEE FL. 32312