

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # N28026

1. Entity Name
AUTISM SOCIETY OF FLORIDA, INC.

Principal Place of Business
 PO BOX 266823
 WESTON FL 33326 US

Mailing Address
 PO BOX 266823
 WESTON FL 33326 US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2910367
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip Country

Zip Country

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 US

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 **04/27/2001**
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 **D** Delete
 NAME **GARLIN MARGIE**
 STREET ADDRESS **11410 SAGE BLVD**
 CITY-ST-ZIP **ALACHUA FL 32615**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **BATTEN TINA**
 STREET ADDRESS **2031 LITTLE FARMS CT**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE **SD** Change Addition
 NAME **MORANTES SUSAN**
 STREET ADDRESS **1054 CEDAR FALLS DRIVE**
 CITY-ST-ZIP **WESTON FL 33327**

TITLE **TD** Delete
 NAME **GUARINO MICHAEL**
 STREET ADDRESS **7268 CRYSTAL SPRING RUN**
 CITY-ST-ZIP **WEEKI WACHEE FL 34607**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH ANN**
 STREET ADDRESS **5890 CHEROKEE RD**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **VD** Change Addition
 NAME **SMITH ANN**
 STREET ADDRESS **5890 CHEROKEE RD**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **VD** Delete
 NAME **GOLDSTEIN SUSAN**
 STREET ADDRESS **2641 NE 47TH STREET**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **SEQUENZIA VEN**
 STREET ADDRESS **19732 NE 12TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33179**

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)(f), 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: VEN SEQUENZIA P **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)