

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28026

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: AUTISM SOCIETY OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 266823
WESTON, FL 33326 US

New Principal Place of Business:

PO BOX 970646
COCONUT CREEK, FL 33079 US

Current Mailing Address:

PO BOX 266823
WESTON, FL 33326 US

New Mailing Address:

PO BOX 970646
COCONUT CREEK, FL 33079 US

FEI Number: 59-2910367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUARINO, MICHAEL
7268 CRYSTAL SPRING RUN
WEEKI WACHEE, FL 34607 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SEQUENZIA, VEN
Address: 19732 NE 12TH PLACE
City-St-Zip: MIAMI, FL 33179

Title: VD () Delete
Name: GOLDSTEIN, SUSAN
Address: 2641 NE 47TH STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: VD () Delete
Name: SMITH, ANN
Address: 5890 CHEROKEE RD
City-St-Zip: MILTON, FL 32570

Title: TD () Delete
Name: GUARINO, MICHAEL
Address: 7268 CRYSTAL SPRING RUN
City-St-Zip: WEEKI WACHEE, FL 34607

Title: SD () Delete
Name: MORANTES, SUSAN
Address: 1054 CEDAR FALLS DRIVE
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GARLIN, MARGIE
Address: 11410 SAGE BLVD
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VEN SEQUENZIA

P

04/30/2002

Electronic Signature of Signing Officer or Director

Date