

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N28026

FILED  
Apr 28, 2003  
Secretary of State

Entity Name: AUTISM SOCIETY OF FLORIDA, INC.

**Current Principal Place of Business:**

PO BOX 970646  
COCONUT CREEK, FL 33079 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 970646  
COCONUT CREEK, FL 33079 US

**New Mailing Address:**

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:

Title: ( ) Change ( ) Addition  
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

PD

04/28/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date