

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003532

1. Entity Name

FLORIDA STATE FOSTER PARENT ASSOCIATION, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90092 014 ****70.00

Principal Place of Business

Mailing Address

632 SOUTH BAY STREET
 EUSTIS FL 32726

P.O. BOX 34
 MOUNT DORA FL 32756-0034

2. Principal Place of Business

949 Camp Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mt. Dora

City & State

Zip

FL

Country

LAKE

Zip

Country

4. FEI Number

59-3401538

Applied For

Not Applicable

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

STEVENS, LARRY
 632 SOUTH BAY STREET
 EUSTIS FL 32726

Name

Larry Stevens

Street Address (P.O. Box Number is Not Acceptable)

949 Camp Ave

PO Box 34

City

Mt. Dora

FL

Zip Code

32757

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

Signature of registered agent 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	<input type="checkbox"/> Delete
NAME	STEVENS, SUZANNE R	
STREET ADDRESS	1333 EAST THIRD AVENUE	
CITY-ST-ZIP	MOUNT DORA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBB, SHARON	
STREET ADDRESS	2376 NOVUS ST.	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAYSON, JOANN	
STREET ADDRESS	204 CUSHMAN STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ALTMARK, PATTY	
STREET ADDRESS	490 NW 102ND TERR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, DELORES DEE	
STREET ADDRESS	4481 WILDERNESS LN. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE		<input type="checkbox"/> Delete

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:

Suzanne Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-735-3999

Daytime Phone #

CR2E037 (9/99)