

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90085 015 \*\*\*\*61.25

**DOCUMENT # N98000004668**

1. Entity Name

**FLORIDA ASSOCIATION OF COUNTY SOCIAL SERVICE EXE**

Principal Place of Business

Mailing Address

100 SOUTH MONROE STREET  
 TALLAHASSEE FL 32302

100 SOUTH MONROE STREET  
 TALLAHASSEE FL 32302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3527802**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ASSOCIATION OF COUNTIES, INC.  
 100 SOUTH MONROE STREET  
 TALLAHASSEE FL 32302

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

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  Delete  
 NAME PD  
 SIMPSON, CYTHNIA C  
 STREET ADDRESS 117 MARTIN LUTHER KING JR BLVD  
 CITY-ST-ZIP STUART FL 34994

TITLE  Change  Addition  
 NAME P - RICHARD A. JIMISON  
 STREET ADDRESS 1938 LAUREL STREET  
 CITY-ST-ZIP SARASOTA, FL. 34236-6924  
 Director

TITLE  Delete  
 NAME VD  
 JIMISON, RICHARD  
 STREET ADDRESS 1938 LAUREL ST  
 CITY-ST-ZIP SARASOTA FL 34336-6924

TITLE  Change  Addition  
 NAME PP  
 CYTHNIA C. SIMPSON  
 STREET ADDRESS 117 MARTIN LUTHER KING, JR. BLVD.  
 CITY-ST-ZIP STUART, FL. 34994  
 Director

TITLE  Delete  
 NAME TD  
 RYDER, BETH  
 STREET ADDRESS 437 N. 7TH ST.  
 CITY-ST-ZIP FT. PIERCE FL 34950

TITLE  Change  Addition  
 NAME VP  
 BETH RYDER Director  
 STREET ADDRESS 437 N. 7TH ST.  
 CITY-ST-ZIP FT. PIERCE, FL. 34950

TITLE  Delete  
 NAME SD  
 RUNYON, ROYETTA  
 STREET ADDRESS 8620 GALEN WILSON BLVD  
 CITY-ST-ZIP PT RICHEY FL 34668-5973

TITLE  Change  Addition  
 NAME S  
 MARILYN WESTLEY Director  
 STREET ADDRESS 150 WEST MAXWELL STREET  
 CITY-ST-ZIP PENSACOLA, FL. 32501-1917

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME T  
 FLETCHER D. SMITH  
 STREET ADDRESS 315 WEST MAIN STREET  
 CITY-ST-ZIP TAVARES, FL. 32778-7800  
 Director

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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)(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: FLETCHER D. SMITH / Fletcher D. Smith 4/24/01 (352) 343-9630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-04-2001 90085 015