

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2000 8:00 am**  
**Secretary of State**

06-02-2000 90018 039 \*\*\*\*61.25

**DOCUMENT # N99000001816**

1. Entity Name

**SPECIAL NEEDS OUTREACH INC.**

Principal Place of Business

Mailing Address

**800 SOUTH DILLARD STREET  
 WINTER GARDEN FL 34787**

**POST OFFICE BOX 547374  
 ORLANDO FL 32854-7374**

2. Principal Place of Business

3. Mailing Address

**800 S. DILLARD ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER GARDEN FL**

4. FEI Number

**31-1659292**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34787**

**USA**

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

**HINSON, ROBERT C  
 900 ALAMEDA STREET  
 ORLANDO FL 32804**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PSD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINSON, ROBERT C</b>	NAME	
STREET ADDRESS	<b>900 ALAMEDA STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32804</b>	CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAGELLO, FRANK</b>	NAME	
STREET ADDRESS	<b>330 RIPPY RIDGE ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NORMANDY FL 37360</b>	CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIRVIN, STEVEN</b>	NAME	
STREET ADDRESS	<b>800 SOUTH DILLARD STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMPSON, KATHERINE</b>	NAME	
STREET ADDRESS	<b>1254 BRAMAN AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT. MYERS FL 33901</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *SIGNATURE OF STEVEN GIRVIN PRES 5-1-00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)