

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005200

1. Entity Name

FLORIDA ALLIANCE FOR ASSISTIVE SERVICES AND TECH

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90111 046 ****61.25

Principal Place of Business

1020 E LAFAYETTE ST
SUITE 110
TALLAHASSEE FL 32301-546
US

Mailing Address

1020 E LAFAYETTE STREET
SUITE 110
TALLAHASSEE FL 32301-4546
US

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

59-3352342

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

WARD, TERRY
1020 E LAFAYETTE STREET
SUITE 110
TALLAHASSEE FL 32301-4546

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 **CD** ☒ Delete
NAME **MILLS, GLORIA**
STREET ADDRESS **4133 B HENDERSON BLVD**
CITY-ST-ZIP **TAMPA FL 33629**

TITLE **CD** ☐ Change ☒ Addition
NAME **Fred Haynes**
STREET ADDRESS **2920 NW 163rd Street**
CITY-ST-ZIP **Miami, FL 33128**

TITLE **CD** ☒ Delete
NAME **MOSELY, VERA**
STREET ADDRESS **2341 SW 42ND AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL 33317**

TITLE **CD** ☐ Change ☒ Addition
NAME **Donna Sumlin, Ed.D.**
STREET ADDRESS **1489 Marsh Rabbit Way**
CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **MD** ☐ Delete
NAME **WARD, TERRY PH. D.**
STREET ADDRESS **1020 E LAFAYETTE STREET SUITE 110**
CITY-ST-ZIP **TALLAHASSEE FL 32301-4546**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/00 830-497-3278

CR2F037 (9/99)