NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State
08-20-2002 90125 035 ****61.25

DOCUMENT # N94000005715

1. Entity Name

Florida Association of Support Coordinators

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1333 S. University Drive	PO Box 291567
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.:
City & State: Plantation, FL	City & State: Fort Lauderdale, FL
Zip: 33324 Country: USA	Zip: 33329-1567 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0553183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Deborah Kahn

Street Address (P.O. Box Number is Not Acceptable): 1141 SW 98 Terrace

City: Pembroke Pines, **FL** Zip Code: 33025-0911

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)

FEE IS $61.25 Initial or Amended UBR	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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
	CD Brad Hunt 4455 Casa Grande Dr Milton FL 32583		
	VCD Dawn Hill 4361 Deering Street Mairanna FL 32446		
	SD Elizabeth Stuart 3180A Parrish St Cottondale, FL 32431		**DO NOT WRITE**
	TD Deborah Kahn 1141 SW 98 Terrace Pembroke Pines FL 33025		**IN THIS SPACE**
	D Becky Marks 4214 Summerdale Dr Tampa FL 33624		
	D Thomas McCarthy 14000 NW 1 Ave Miami, FL 33168		

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 8/14/02 954 452 3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
B01346O0

~~NOT-FOR-PROFIT CORPORATION~~ UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005715

1. Entity Name

Florida Association of Support Coordinators (page 2 of 2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1333 S. University Drive	PO Box 291567
Suite, Apt. #, etc.: Suite 206	Suite, Apt. #, etc.
City & State: Plantation, FL	City & State: Fort Lauderdale, FL
Zip: 33324 / Country: USA	Zip: 33329-1567 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0553183 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Deborah Kahn

Street Address (P.O. Box Number is Not Acceptable): 1141 SW 98 Terrace

City: Pembroke Pines, **FL** Zip Code: 33025-0911

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)

FEE IS $61.25 Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D David Alexander 820 Australian St Merritt Island FL 32953	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah Kahn 8/14/02 9544523939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #