

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90030 012 ****61.25

DOCUMENT # 700308

1. Entity Name

EASTER SEALS FLORIDA, INC.

Principal Place of Business

1040 WOODCOCK RD
 SUITE 215
 ORLANDO FL 32803
 US

Mailing Address

1040 WOODCOCK RD
 SUITE 215
 ORLANDO FL 32803
 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

59-0637848

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

KERN, JOSEPH G ESQ.
 LOWMEDES, DROSDICK, BOSTER, KANTOR & REED
 215 NORTH EOLA DRIVE
 ORLANDO FL 32801

Address
 change →

Name **Joseph G. KERN**

Street Address (P.O. Box Number is Not Acceptable)
Deo Darden Restaurants, Inc
5900 Lake Ellenor Dr.

City
Orlando, FL

FL

Zip Code
32809

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)

4/27/01
 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 **2nd Vice Chairman** ☐ Delete
 NAME **JOSEPH G. KERN**
 STREET ADDRESS **215 NORTH EOLA DRIVE 5900 Lake Ellenor Dr**
 CITY-ST-ZIP **ORLANDO FL Orlando, FL 32809**

TITLE **Treasurer** ☐ Change ☒ Addition
 NAME **Zachary Fields**
 STREET ADDRESS **3599 University Blvd S., Suite B**
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **VCD** ☐ Delete
 NAME **ROCK, JOANNE**
 STREET ADDRESS **502 S WILLOW #4**
 CITY-ST-ZIP **TAMPA FL**

TITLE **Secretary** ☐ Change ☒ Addition
 NAME **Edward Hanna**
 STREET ADDRESS **901 International Parkway #100**
 CITY-ST-ZIP **Lake Mary FL 32746-4711**

TITLE **PC** ☒ Delete
 NAME **REZZONICO, ANN MARIE**
 STREET ADDRESS **1903 S CONGRESS AVE SUITE 180**
 CITY-ST-ZIP **BOYNTON BEACH FL**

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

TITLE **P** ☐ Delete
 NAME **GRIGGS, ROBERT J**
 STREET ADDRESS **1040 WOODCOCK RD SUITE 215**
 CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **CD** ☒ Delete
 NAME **KNEEN, JEFFREY**
 STREET ADDRESS **1400 CENTREPARK BLVD., #1000**
 CITY-ST-ZIP **WEST PALM BEACH FL**

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

TITLE **VCD** ☐ Delete
 NAME **PEACOCK, DAN T**
 STREET ADDRESS **1715 N WESTSHORE BLVD., #900**
 CITY-ST-ZIP **TAMPA FL**

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:

Signature Required

Robert Griggs
Presidents

4/27/01 (407) 896-7881

CR2E037 (10/00)