2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State
03-12-2001 90024 014 ****61.25

DOCUMENT # 705467

1. Entity Name

CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
3311 BEACH BLVD JACKSONVILLE FL 32207	3311 BEACH BLVD JACKSONVILLE FL 32207

705467

DO NOT WRITE IN THIS SPACE

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 59-0718304 ☐ 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
SMITH, HULSEY & BUSEY 1800 FIRST UNION NATIONAL BANK 225 WATER STREET JACKSONVILLE FL 32202	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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSS, BRENT D 4153 TORINO PLACE JACKSONVILLE FL	☐ Delete	TITLE VCD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~PETERS~~, HOLLY Hayden, Holly 2466 SEDGWICK PL JACKSONVILLE FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition SD Stutts, Mary 1709 Leewood Lane Neptune Beach FL 32266
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SHANKS, DANIEL E 3276 HIDDEN LAKE DR JACKSONVILLE FL	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NASSEA, SANDRA 299 S. ROSCOR RD PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD HURST, GERALD F 1550 HENDRICKS AVE JACKSONVILLE FL 32207	☐ Delete	TITLE CD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FAEIDINE, KAREN 1756 UNIVERSITY BLVD JACKSONVILLE FL 32216	☐ Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Friedline, Karen

CR2E037 (10/00)

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: Holly Peters Hayden SECRETARY _____ (904) 396-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #705467
728437

Also please change last name from Peters, Holly to Hayden, Holly