

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91500 044 \*\*\*\*70.00

**DOCUMENT # 708867**

1. Entity Name

**EASTER SEAL SOCIETY OF NORTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

**910 MYERS PARK DR  
TALLAHASSEE FL 32301**

**910 MYERS PARK DR  
TALLAHASSEE FL 32301**

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 **59-0812644**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, CHRISTINE  
3004 TIPPERARY DR  
TALLAHASSEE FL 32308**

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

*Christine Hall same*

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 **COBD** ☐ Delete  
NAME **HAYNES, CHAUNCY**  
STREET ADDRESS **4122 WHITE PINE COURT**  
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **COBD** ☒ Change ☐ Addition  
NAME **Williams, Melanie**  
STREET ADDRESS **3007 Shamrock N. Unit 3**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **VPD** ☐ Delete  
NAME **WILLIAMS, MELANIE**  
STREET ADDRESS **3007 SHAMROCK N UNIT 3**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **Bill Parsons**  
STREET ADDRESS **7013 Lake Basin Rd.**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **SD** ☐ Delete  
NAME **HARDIMAN, CAROLE**  
STREET ADDRESS **6104 BORDERLINE DRIVE**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **SD** ☒ Change ☐ Addition  
NAME **Nancy Long**  
STREET ADDRESS **5005 Mint Hill Ct.**  
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☐ Delete  
NAME **STRICKLAND, KEVIN**  
STREET ADDRESS **201 S MONROE ST**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☒ Change ☐ Addition  
NAME **Bill Parsons**  
STREET ADDRESS **7013 Lake Basin Rd.**  
CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Christine Hall*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/03/02 850-222-4465*  
Date Daytime Phone #

CR2E037 (9/01)