

2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90008 041 ****61.25

DOCUMENT # 709828

1. Entity Name

**THE ASSOCIATION OF FORMER STUDENTS OF THE FLORIDA
A SCHOOL FOR THE BLIND, INC**

Principal Place of Business

Mailing Address

207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-9799

207 N SAN MARCO AVE
ST AUGUSTINE FL 32084-2799

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

59-2403468

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SOWELL, HERBERT H
207 N. SAN MARCO AVE.
ST. AUGUSTINE FL 32084**

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

Herbert H. Sowell **HERBERT H. SOWELL TREASURER 1-25-02**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MYERS, SUE	
STREET ADDRESS	6 SAND DUNE ALLEY	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JESSIE, CASSANDRA	
STREET ADDRESS	1845 OLD MOULTRIE RD., APT 21	
CITY-ST-ZIP	SAINT AUGUSTINE FL 32086	
TITLE	RS	<input type="checkbox"/> Delete
NAME	BELL, SHELLEY	
STREET ADDRESS	5422 MYRICA RD.	
CITY-ST-ZIP	ORLANDO FL 3281-720	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	SOWELL, DOROTHY G	
STREET ADDRESS	3656 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOWELL, HERBERT H	
STREET ADDRESS	3656 LEWIS SPEEDWAY	
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JESSIE CASSANDRA	
STREET ADDRESS	1845 OLD MOULTRIE RD. APT. 21	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONESA HOLSTEIN	
STREET ADDRESS	3285 TOMAHAWK DR.	
CITY-ST-ZIP	KISSIMEE, FL 32746	
TITLE	RS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Herbert H. Sowell **HERBERT H. SOWELL 1-25-02 8295415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)