

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90038 003 ****61.25

DOCUMENT # 714358

1. Entity Name

FOUNDATION FOR THE SCHOOLS FOR THE DEAF AND THE BLIND OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**207 N SAN MARCO AVENUE
 ST AUGUSTINE FL 32084**

**207 N SAN MARCO AVENUE
 ST AUGUSTINE FL 32084**

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

23-7182169

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

**MCCLURE, MARGARET W
 2 SEA OAKS DR.
 ST. AUGUSTINE FL 32080**

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

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** ☐ Delete
 NAME **TAYLOR, ROBERT R**
 STREET ADDRESS **42 OCEAN WOODS DR**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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

TITLE **TD** ☐ Delete
 NAME **MCCLURE, MARGARET W**
 STREET ADDRESS **2 SEA OAKS DR.**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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

TITLE **VPD** ☐ Delete
 NAME **WHITE, HENRY**
 STREET ADDRESS **848 WHITE EAGLE CIR**
 CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE **SD** ☐ Delete
 NAME **DILLON, MARY JANE**
 STREET ADDRESS **902 REDBUD TRAIL**
 CITY-ST-ZIP **SAINT AUGUSTINE FL 32086**

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

TITLE **D** ☐ Delete
 NAME **STEWART, GERALD W.**
 STREET ADDRESS **207 N. SAN MARCO AVE.**
 CITY-ST-ZIP **ST AUGUSTINE FL**

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

TITLE **D** ☐ Delete
 NAME **BAILEY, JOHN**
 STREET ADDRESS **31 CORDOVA ST.**
 CITY-ST-ZIP **ST. AUGUSTINE 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: **MARGARET W MCCLURE**

Signature Required Treasurer

1-29-02 904/827-2503

Date

Daytime Phone #

CR2E037 (9/01)