

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722744

1. Entity Name

SPECIAL OLYMPICS FLORIDA, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90070 001 ****70.00

0081743

Principal Place of Business	Mailing Address
8 BROADWAY SUITE D KISSIMMEE FL 34741 US	8 BROADWAY SUITE D KISSIMMEE FL 34741 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	23-7181560	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTEVENS, CHARLES M
8 BROADWAY
STE. D
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

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

TITLE	ST	<input type="checkbox"/> Delete
NAME	HOLZ, KARL	
STREET ADDRESS	P O BOX 10000 N/A	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830-1000	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NUGENT, BRIAN	
STREET ADDRESS	1144 E. NEWPORT CENTER DRIVE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RUGGIERI, PHILIP G	
STREET ADDRESS	3109 W. MARTIN LUTHER KING BOULEVARD	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	CONNORS, ROBERT	
STREET ADDRESS	325 W. GAINES ST, ROOM 514 FEC	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	319 CLEMATIS ST 3RD FL	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE ASHLEY	
STREET ADDRESS	253 N ORLANDO AVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON DOUGLAS	
STREET ADDRESS	10513 EMERALD CHASE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32836	

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. SHARON DOUGLAS

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 4078760995

Date

Daytime Phone #

CR2E037 (10/00)