

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90221 034 ****70.00

DOCUMENT # 722744

1. Entity Name

SPECIAL OLYMPICS FLORIDA, INC.



Principal Place of Business

**1105 CITRUS TOWER BLVD
CLERMONT FL 34711-1905
US**

Mailing Address

**1105 CITRUS TOWER BLVD
CLERMONT FL 34711-1905
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **23-7181560**

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

**CASTEVENS, CHARLES M
1105 CITRUS TOWER BLVD
~~9 STE-D~~
CLERMONT FL 34711-1905**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VCD** ☐ Delete
NAME **HOLZ, KARL**
STREET ADDRESS **P O BOX 10000 N/A**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830-1000**

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1375 BUENA VISTA DR STE 217 NO**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830**

TITLE **PD** ☒ Delete
NAME **RUGGIERI, PHILIP G**
STREET ADDRESS **319 CLEMATIS ST 3RD FL**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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

TITLE **CD** ☐ Delete
NAME **CONNORS, ROBERT**
STREET ADDRESS **2816 PAR LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **28 SEVENTH ST**
CITY-ST-ZIP **APALACHICOLA FL 32320**

TITLE **T** ☐ Delete
NAME **DOUGLAS, SHARON**
STREET ADDRESS **10513 EMERALD CHASE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32836**

TITLE **T** ☒ Change ☐ Addition
NAME **ROGER D. JENNINGS**
STREET ADDRESS **311 W SABAL PALM PLACE**
CITY-ST-ZIP **LONGBWOOD FL 32779**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **KYLE J. SMITH**
STREET ADDRESS **3860 BRANTLEY PLACE CIR**
CITY-ST-ZIP **APOPKA FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCD** ☐ Change ☒ Addition
NAME **CARL PETRUZZELLI**
STREET ADDRESS **600 BUSINESS CENTER DR**
CITY-ST-ZIP **LAKE MARY FL 32746**

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:

Karl Holz
KARL HOLZ

1/10/03

407-828-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)