

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90192 003 ****61.25

DOCUMENT # 724486

1. Entity Name

FOSTER PARENTS ASSOCIATION OF ALACHUA COUNTY, IN C.



Principal Place of Business

1015 NW 21ST AVE
#46
GAINESVILLE FL 32609
US

Mailing Address

1015 NW 21ST AVE
#46
GAINESVILLE FL 32609
US

2. Principal Place of Business

NEW 3231 NW 52 PLACE

3. Mailing Address

NEW 3231 NW 52 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32609 US

Zip

32605 US

Country

US

4. FEI Number 23-7292630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULZ, SHELLY B
1015 NW 21ST AVE #46
GAINESVILLE FL 32609

7. Name and Address of New Registered Agent

Name SCHULZ, SHELLY B.
Street Address (P.O. Box Number is Not Acceptable)

3231 NW 52 PLACE

City GAINESVILLE, FL Zip Code 32605

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

Shelley B. Schulz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/14/03

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

TITLE PD
NAME SAHATZ, SHELLY
STREET ADDRESS 1015 NW 21 AVE #46
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE VT
NAME ROBINSON, CHRISTOPHER
STREET ADDRESS 1606 NE 15TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE ST
NAME CARROLL, JAN
STREET ADDRESS 14206 NE COUNTRY RD1471
CITY-ST-ZIP WALDO FL 32694 ☒ Delete

TITLE T
NAME DEKOLD, LYNDA W
STREET ADDRESS 4110 SW 63 BLVD
CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME SCHULZ, SHELLY B. ☒ Change ☐ Addition
STREET ADDRESS 3231 NW 52 PLACE
CITY-ST-ZIP GAINESVILLE, FL 32605

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP NONE AT THIS TIME ☐ Change ☐ Addition

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

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

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

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:

Shelley B. Schulz

1/14/03

352-262-7888

CR2E037 (10/02)