

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90011 023 ****61.25

DOCUMENT # 725173

1. Entity Name

FLORIDA COUNCIL OF HANDICAPPED ORGANIZATIONS, IN

Principal Place of Business

Mailing Address

**2210 WARREN JERNIGAN PL.
 PENSACOLA FL 32514**

**2210 WARREN JERNIGAN PL.
 PENSACOLA FL 32514-5937**

00001010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1127 Fernwood Rd.

P.O. Box 875

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tallahassee FL

Tallahassee, FL

4. FEI Number

59-1684245

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip **32304**

Country **USA**

Zip **32302**

Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JERNIGAN, WARREN
 2210 WARREN JERNIGAN PL
 PENSACOLA FL 32514**

Name **Larry A. Upright**

Street Address (P.O. Box Number is Not Acceptable)
1127 Fernwood Rd.

City **Tallahassee**

FL

Zip Code **32304**

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

Larry A. Upright

2/24/2000

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 **P** Delete
 NAME **JERNIGAN, WARREN**
 STREET ADDRESS **2210 WARREN JERNIGAN PL**
 CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE **President / Treasurer** Change Addition
 NAME **Larry A. Upright**
 STREET ADDRESS **1127 Fernwood Rd**
 CITY-ST-ZIP **Tallahassee, FL 32304**

TITLE **T** Delete
 NAME **JONES, DAVID**
 STREET ADDRESS **2214 TALLAHASSEE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VP-1** Change Addition
 NAME **Warren Jernigan**
 STREET ADDRESS **2210 Warren Jernigan PL**
 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **VPD** Delete
 NAME **BUSH, JAMES C**
 STREET ADDRESS **RT 4, BOX 175-E**
 CITY-ST-ZIP **BONIFAY FL**

TITLE **VP-2** Change Addition
 NAME **David Jones**
 STREET ADDRESS **2214 Tallahassee Dr.**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **VPD** Delete
 NAME **JACKSON, CINDY**
 STREET ADDRESS **301 NORTH OKLAHOMA STREET**
 CITY-ST-ZIP **BONIFAY FL 32435**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Larry A. Upright

2/24/2000

(850)514-1391

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)