

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725173

1. Entity Name

Florida Council of Handicapped
Organizations, Inc.
2210 Warren Jernigan PL
Pensacola, FL 32514

APPROVED
AND
FILED

01 APR 26 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-1684245

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Warren Jernigan
2210 Warren Jernigan
Pensacola, FL 32514

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

Warren Jernigan

4-20-01

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 VPD
NAME Jernigan, Warren
STREET ADDRESS 2210 Warren Jernigan PL
CITY-ST-ZIP Pensacola FL 32514

☐ Delete

TITLE VPD
NAME Jones, David
STREET ADDRESS 2214 Tallahassee Drive
CITY-ST-ZIP Tallahassee FL 32308

☐ Delete

TITLE VPD
NAME Jackson, Cindy
STREET ADDRESS 301 North Klattama St
CITY-ST-ZIP Bonifay FL 32435

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS 300004163803--9
CITY-ST-ZIP -05/09/01--01004--007
*****61.25 *****61.25

☐ Change ☐ Addition

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CITY-ST-ZIP

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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:

Warren Jernigan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 850 477-
8376

CR2E037 (11/00)