FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 749415  1. Entity Name  FLORIDA GULF COAST AUTISM ASSOCIATION, INC.					Jan 22, 2001 8:00 am Secretary of State				
					ľ	1-22-2001 90113 02			
Principal Place of Business Mailing Address								,	
1484 52 AVE. NE ST. PETERSBURG FL 33703		1484 52 AVE. NE St. Petersburg FL 33703			<b>₩₩₩₩</b>				
2 Dringing I	Naga of Divisiona	2 Mailian Address							
2. Principal Place of Business		3. Mailing Address			T 1801/1 1831/ BIRKO TBKIH ANDOK FIBOK BIKI BIRKI BIRKI BIRKI BIRKI BIRKI BIRKI ANDIK ANDIK Tarangan birki birki birki andik andik andok birki birki birki birki birki birki andik andik andik andik andik				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 59-1960476			pplied For ot Applicable	}	
Zip	Country	Zip	Cou	ıntry	5. Certificate of	of Status Desired	\$8.75 Ad	ditional	1
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New Register	ed Agent		1
and the second s				Name					J
Anne B. Di Napoli				Street Address	(P.O. Box Number	r is Not Acceptable)			
1484 52 AVE. NE									1
SI. PEIE	RSBURG FL 33703			City		F	Zip Cod	de	1
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or both	n, in the state of Florida.	<del></del>		1
		·\					سـ		
SIGNATURE	Cynne Cs. XI	haysen				1-	5.01		
	Signature, typed or printed name of registered agent a	and title if application. (NOTE	: Registere	d Agent signature require	ed when reinstating)	DAT	re		
	FILE NOW:	9. Election Campaign	Financi	na <b>¢s</b>	00 May Be	Make Cher	k Payable to	n	
	FEE IS \$61.25	Trust Fund Contribu		· _ ~.	ed to Fees		ent of State	•	i
10.	OFFICERS AND DIR	PECTORS	11.		ADDITIONS /CHA	NGES TO OFFICERS AND	DIDECTODS II	U 10	-
TITLE	SD OFFICERS AND DIA	Delete	TITLE	:	ADDITIONS/CHA	INGES TO OFFICERS AND	☐ Change	Addition	8
NAME	JONES, PATRICIA R		NAM	E				_	10/00
STREET ADDRESS	1434 HILL DRIVE			ET ADDRESS			•		2
CITY-ST-ZIP	LARGO, FL 0		-	-ST-ŽIP					ļŭ
TITLE NAME	PD   Dinapoli, anne	☐ Delete	TITLE	l l			☐ Change	☐ Addition	G
STREET ADDRESS	1484 52 AVE N E			ET ADDRESS					
CITY-ST-ZIP	ST PETERSBURG, FL 0		CITY	-ST-ZIP		•			
TITLE	TD	Delete	TITL				Change	☐ Addition	]_
NAME	BIRD, LORRAINE F		NAM	l l			_		
STREET ADDRESS CITY-ST-ZIP	1325 SNELL ISLE BLVD #217			ET ADDRESS - ST-ZIP					
TITLE	ST PETERSBURG FL D	□ Delete	TITLE				[ ] Change	☐ Addition	1
NAME	BRACKEN, VIRGINIA	□ Delete	NAM	l l			[_] Onungo		1
STREET ADDRESS	2000 GULF BLVD #14		STRE	ET ADDRESS					
CITY-ST-ZIP	BELLAIR BCH FL		CITY	-ST-ZIP		· · ·			Į
TITLE	D SOURCE STATE S	☐ Delete	TITLE	l l			☐ Change	☐ Addition	
NAME STREET ADDRESS	YOUNGMAN, RUTHE E		NAM	E Et adoress					
CITY-ST-ZIP	2573 MADRID WAY SO ST PETERSBURG, FL 00000			-ST-ZIP					
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	ROWLAND, DONALD J.		NAM						
STREET ADDRESS	5401 31ST AVE. NO.			ET ADDRESS					
CITY-ST-ZIP ST. PETERSBURG FL  12. I hereby certify that the information supplied with this filing does not qualify for the				-ST-ZIP		E 11 6 11 11 11 11 11 11 11 11 11 11 11 1			-
■Z. I Hereby (	certify that the information supplied With	this ming does not qualify for	ute exe	mpuon stated in S	section + 19.07(3)(1)	, Florida Statutes. I further	certify that the i	mormation	1

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 attackment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNE K VINAPOLI I

Daytime Phone #