

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90080 006 ****70.00

DOCUMENT # 749415

1. Entity Name

FLORIDA GULF COAST AUTISM ASSOCIATION, INC.

Principal Place of Business

**1484 52 AVE. NE
ST. PETERSBURG FL 33703**

Mailing Address

**1484 52 AVE. NE
ST. PETERSBURG FL 33703**

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

59-1960476

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANNE B. DI NAPOLI
1484 52 AVE. NE
ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

Name **SHELLY LIVINGSTON**

Street Address (P.O. Box Number is Not Acceptable)
6919 SILVERMILL DR

TAMPA

City **TAMPA** FL Zip Code **33635**

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

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

TITLE **SD** ☐ Delete
NAME **JONES, PATRICIA R**
STREET ADDRESS **1434 HILL DRIVE**
CITY-ST-ZIP **LARGO, FL 0**

TITLE **PD** ☐ Delete
NAME **DINAPOLI, ANNE**
STREET ADDRESS **1484 52 AVE N E**
CITY-ST-ZIP **ST PETERSBURG, FL 0**

TITLE **TD** ☐ Delete
NAME **BIRD, LORRAINE F**
STREET ADDRESS **1325 SNELL ISLE BLVD #217**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ Delete
NAME **BRACKEN, VIRGINIA**
STREET ADDRESS **2000 GULF BLVD #14**
CITY-ST-ZIP **BELLAIR BCH FL**

TITLE **D** ☐ Delete
NAME **YOUNGMAN, RUTHE E**
STREET ADDRESS **2573 MADRID WAY SO**
CITY-ST-ZIP **ST PETERSBURG, FL 00000**

TITLE **D** ☐ Delete
NAME **ROWLAND, DONALD J.**
STREET ADDRESS **5401 31ST AVE. NO.**
CITY-ST-ZIP **ST. PETERSBURG FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)