

# 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

Mailing Address

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

**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

7. Name and Address of New Registered Agent

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

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

*Shelly Livingston*

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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, PATRICIA R</b>	
STREET ADDRESS	<b>1434 HILL DRIVE</b>	
CITY-ST-ZIP	<b>LARGO, FL 0</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DINAPOLI, ANNE</b>	
STREET ADDRESS	<b>1484 52 AVE N E</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 0</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BIRD, LORRAINE F</b>	
STREET ADDRESS	<b>1325 SNELL ISLE BLVD #217</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRACKEN, VIRGINIA</b>	
STREET ADDRESS	<b>2000 GULF BLVD #14</b>	
CITY-ST-ZIP	<b>BELLAIR BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNGMAN, RUTHE E</b>	
STREET ADDRESS	<b>2573 MADRID WAY SO</b>	
CITY-ST-ZIP	<b>ST PETERSBURG, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROWLAND, DONALD J.</b>	
STREET ADDRESS	<b>5401 31ST AVE. NO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Shelly Livingston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)