

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90125 005 \*\*\*\*61.25

**DOCUMENT # 753011**

1. Entity Name

**CENTER FOR INDEPENDENT LIVING OF NORTH FLORIDA I**

Principal Place of Business

Mailing Address

572-C APPLEYARD  
 TALLAHASSEE FL 32304  
 US

572-C APPLEYARD  
 TALLAHASSEE FL 32304-3834  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2091522**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KAHN, JANET**  
**619 TRUETT DR**  
**TALLAHASSEE FL 32303**

Name

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

**1087 Richardson Rd**

City

**FL**

Zip Code

**32301**

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

*Janet Kahn*

**4/26/00**

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 **D**  Delete  
 NAME **ALICIA CREW**  
 STREET ADDRESS **3817 MCFARLAND DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **V**  Change  Addition  
 NAME **Ray Polhemus**  
 STREET ADDRESS **6424 Calvalcade Trail**  
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **P**  Delete  
 NAME **CREW, ALICIA**  
 STREET ADDRESS **3817 MCFARLAND DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **T**  Change  Addition  
 NAME **Bea Greve**  
 STREET ADDRESS **2206 Monticello Dr.**  
 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **BP**  Delete  
 NAME **SCOTT, ELTON**  
 STREET ADDRESS **1201 LEEWOOD DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D**  Change  Addition  
 NAME **Elton Scott**  
 STREET ADDRESS **1201 Leewood Dr.**  
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **BS**  Delete  
 NAME **VON FOSSEN, CARLA**  
 STREET ADDRESS **50916 TAMARACK AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **D**  Change  Addition  
 NAME **Marylene Ward**  
 STREET ADDRESS **1330 Hill-N-Dale St.S.**  
 CITY-ST-ZIP **Tallahassee, FL 32311**

TITLE **D**  Delete  
 NAME **STINSON, KENNY**  
 STREET ADDRESS **10014 JOURNEYS END**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **WINZIG, LIZ**  
 STREET ADDRESS **502 E 6TH AVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

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:

*Liz Winzig*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/00 (850) 644-0553**  
 Date Daytime Phone #

CR2E037 (9/99)