FILED

Daytime Phone #

Date

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

changed, or on an attachment

## Feb 13, 2001 8:00 am **DOCUMENT # 763137** Secretary of State 1. Entity Name FLORIDA ASSOCIATION OF FAMILY AND CONSUMER SCIEN 02-13-2001 90602 013 \*\*\*\*61.25 Principal Place of Business Mailing Address 2621 NW 29TH PLACE 2621 NW 29TH PLACE GAINESVILLE FL 32605 GAINESVILLE FL 32605 C0021089 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-6141219 Not Applicable Country **\$8.75** Additional . Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COOK, LINDA D 2621 NW 29TH PLACE GAINESVILLE FL 32605 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT - Elect ▼ Addition TITLE ☐ Change Delete TITLE DIANNA EDLOW 204 Wilson GREEN Blvd NAME HAMILTON, NANCY NAME STREET ADDRESS 7700 TWIN EAGLE LANE STREET ADDRESS Tallahassee, FL 32310 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 VICE PRESIDENT X Addition ☐ Change VD. Delete TITLE TITLE ANITA Carlson 3213 Hermitage Road NAME DOUGLAS, DIANN NAME 3213 STREET ADDRESS STREET ADDRESS 90 COLLEGE DR .... Jacksonville FL 32277=2646 70 CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 Executive Director Change **X** Addition TITI F ח Delete TITLE NAME INGRAHAM. LINA NAME 2621 NW 29th Rlace STREET ADDRESS STREET ADDRESS 2032 N CAPISTRANO DRIVE Gainesville FL 32605 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 Change ☐ Addition TITLE TD ☐ Delete TITLE NAME COTNER, JOYCE NAME STREET ADDRESS 8531 CARIBBEAN BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** SP PD TITLE ☐ Change ☐ Addition ☐ Delete TITLE STANFORTH, DENICE NAME NAME STREET ADDRESS STREET ADDRESS 9717 WOODLAND RIDGE DR CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33637 MARY B. Peters 365 NW 94th Terrace ☐ Change **X** Addition 🗶 Delete TITLE TITLE BOYNTON, EDALENIA NAME NAME STREET ADDRESS STREET ADDRESS 3187 JUNO ROAD CITY-ST-ZIP Plantation. CITY-ST-ZIP VENICE FL 34293 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.