

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90081 039 ****61.25

DOCUMENT # 767637

1. Entity Name

**THE FLORIDA WORKFORCE DEVELOPMENT ASSOCIATION, I
 NC.**

Principal Place of Business

Mailing Address

**2141 LOCH RANE BLVD.
 #107
 ORANGE PARK FL 32073
 US**

**2141 LOCH RANE BLVD.
 #107
 ORANGE PARK FL 32073
 US**

00043762



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

325 JOHN KNOX ROAD

3. Mailing Address

325 JOHN KNOX ROAD

Suite, Apt. #, etc.

F-140

Suite, Apt. #, etc.

F-140

City & State

TAUHAASSEE FL

City & State

TAUHAASSEE FL

4. FEI Number

59-2467722

Applied For

Not Applicable

Zip

32303

Country

LEON

Zip

32303

Country

LEON

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PATERNO, JOSEPH
 24311 WALDEN CENTER DRIVE
 SUITE 200
 BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

EARL, GARY

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

1801 LEE ROAD, #270

City

WINTER PARK

FL

Zip Code

32789

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

J. WYATT POPE, TREASURER

3-4-02

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 **PD** ☒ Delete
 NAME **PATERNO, JOSEPH**
 STREET ADDRESS **24311 WALDEN CENTER DRIVE, STE. 200**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** ☐ Delete
 NAME **EARL, GARY**
 STREET ADDRESS **1801 LEE RD., #270**
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SD** ☐ Delete
 NAME **THOMPSON, NANCY**
 STREET ADDRESS **205 E. MAIN STREET, #207**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **TD** ☒ Delete
 NAME **GRAFEL, LYNN**
 STREET ADDRESS **2141 LOCH RANE BLVD., #107**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☐ Addition
 NAME **SHOEMAKER, KIM**
 STREET ADDRESS **5230 WEST. U.S. HIGHWAY 98**
 CITY-ST-ZIP **PANAMA CITY, FL 32401**

TITLE **PD** ☒ Change ☐ Addition
 NAME **EARL, GARY**
 STREET ADDRESS **1801 LEE ROAD, #270**
 CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **VD** ☒ Change ☐ Addition
 NAME **THOMPSON, NANCY**
 STREET ADDRESS **205 E. MAIN ST., #107**
 CITY-ST-ZIP **BARTOW FL 33830**

TITLE **TD** ☐ Change ☐ Addition
 NAME **POPE, WYATT**
 STREET ADDRESS **325 JOHN KNOX ROAD, BLDG. F-140**
 CITY-ST-ZIP **TAUHAASSEE, FL 32303**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 #

J. WYATT POPE, TREASURER 3-4-02 810-444-6085

CR2E037 (9/01)