5-13-00

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90051 034 ****70.00

DOCUMENT # 768321

1. Entity Name

THE FLORIDA COUNCIL OF THE BLIND SERVICE CORPORATION, INC.

Principal Place of Business	Mailing Address
WASHINGTON AVE FL 34615-1862	1859 N. WASHINGTON AVE CLEARWATER FL 33755-1862

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33755-1862 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2023586 — 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
WARTH, JAMES R., JR. 1859 N. WASHINGTON AVE CLEARWATER FL 34615-1862 33755-1862	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33755-1862

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees.

Make Check Payable to Department of State

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
PPD LAMB, JAMES M. 633 LAKEVIEW CIR. #1502 ✓ ORLANDO, FL 0	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
PD MCCOY, CARL 1689 KAY AVENUE ✓ TALLAHASSEE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TD WARTH, JAMES R., JR. 1859 N. WASHINGTON AVE ✓ CLEARWATER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VPD STALLWORTH, LEVERT 2976 MELODY LANE PENSACOLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S YOUNG, SHARON 237 MAPLE AVENUE PALM HARBOR FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED TO TREASURER 4/30/00 727-447-1041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #