

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 08, 2001 08:00 AM****Secretary of State****DOCUMENT # 849941****1. Entity Name**

TOURETTE SYNDROME ASSOCIATION, INC. OF CENTRAL FLORIDA

**Principal Place of Business**

42-40 BELL BLVD.

BAYSIDE  
11361

NY

**Mailing Address**

42-40 BELL BLVD.

BAYSIDE  
11361

NY

**2. Principal Place of Business**

42-40 BELL BLVD.

**3. Mailing Address**

42-40 BELL BLVD.

Suite, Apt. #, etc.

SUITE 205

Suite, Apt. #, etc.

SUITE 205

City &amp; State

BAYSIDE

NY

City &amp; State

BAYSIDE

NY

Zip

11361

Country

Zip

11361

Country

**4. FEI Number****23-7191992**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CURRY, ELEANOR  
138 W. LEON LANECOCOA BEACH  
32931

FL

**7. Name and Address of New Registered Agent**

Name

CURRY ELEANOR

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

138 W. LEON LANE

City

COCOA BEACH

FL

Zip Code  
32931**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 **ELEANOR CURRY****08/08/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	TD	<input type="checkbox"/> Delete
NAME	REDMAN MONTE	
STREET ADDRESS	69 THIRD ST	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MALLAH DIANE	
STREET ADDRESS	479 GREENBRIAR CT	
CITY-ST-ZIP	NORTH HILLS NY 11576	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEEDA BRENDA	
STREET ADDRESS	20624 SE 119TH ST	
CITY-ST-ZIP	ISSAGUAH WA 98027	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VALENCIA JEANNE	
STREET ADDRESS	4617 N. WINCHESTER	
CITY-ST-ZIP	CHICAGO IL 60640	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVORE PAUL	
STREET ADDRESS	6345 BALBOA BLVD #290	
CITY-ST-ZIP	ENCINO CA	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	BUSCH J. WILLIAM	
STREET ADDRESS	2209 N. SOMERSET ST	
CITY-ST-ZIP	ARLINGTON VA 22205	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD WEEDA BRENDA
STREET ADDRESS	802 EDSON STREET
CITY-ST-ZIP	LYNDEN WA 98264
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD DEVORE PAUL
STREET ADDRESS	6345 BALBOA BLVD #290
CITY-ST-ZIP	ENCINO CA 91316
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVPD COOK FRED
STREET ADDRESS	6415 WOODBERRY COURT
CITY-ST-ZIP	EAST AMHERST NY 14051

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DIANE MALLAH**

VPD

08/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)