3/19/02-90017-024-$61.25-$61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849941 NC Not Filed

1. Entity Name Tourette Syndrome Association, Inc.

TOURETTE SYNDROME ASSOCIATION, ~~INC. OF CENTRAL F~~ ~~LORIDA~~ (Please note Corp. Name)

FILED
02 MAR 19 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0091394

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
42-40 BELL BLVD. SUITE 205 BAYSIDE NY 11361	42-40 BELL BLVD. SUITE 205 BAYSIDE NY 11361

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

4. FEI Number 23-7191992 ☐ 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
CURRY, ELEANOR 138 W. LEON LANE COCOA BEACH FL 32931	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD COOK, FRED 6415 WOODBERRY COURT EAST AMHERST NY 14051	☒ Delete	First Vice Chair/D Susan A. Conners 20 Thomas Jefferson Snyder, NY 14226	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEVORE, PAUL 6345 BALBOA BLVD #290 ENCINO CA 91316	☒ Delete	Chair/D Fred Cook 6415 Woodberry Ct. East Amherst, NY 14051	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VALENCIA, JEANNE 4617 N. WINCHESTER CHICAGO IL 60640	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WEEDA, BRENDA 802 EDSON STREET LYNDEN WA 98264	☐ Delete	Second Vice Chair/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MALLAH, DIANE 479 GREENBRIAR CT NORTH HILLS NY 11576	☐ Delete	Third Vice Chair/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REDMAN, MONTE 69 THIRD ST GARDEN CITY NY 11530	☐ Delete	SP-corrected done in Data Base 6/25/02	☐ Change ☐ Addition

CR2E037 (9/01)

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: Diane Mallah Diane Mallah 2/15/02 516-365-9418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #