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

2002 UNIFORM BUSINESS REPORT (UBR)

0091394

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

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

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 #

CR2E037 (9/01)