

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90134 045 ****61.25

DOCUMENT # N00000034541

1. Entity Name

CENTER FOR ENABLING SPECIAL CHILDREN, INC.

Principal Place of Business

3019 HAWKS LANDING DR
TALLAHASSEE FL 32308

Mailing Address

3019 HAWKS LANDING DR
TALLAHASSEE FL 32308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 12446

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32317-2446

Country

USA

4. FEI Number

59-3657180

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCRAE & METCALF
1677 MAHAN CENTER BLVD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

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 D. ☐ Delete
NAME MENDICINO, TERRY
STREET ADDRESS 3019 HAWKS LANDING DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D. ☐ Delete
NAME MENDICINO, FRANK
STREET ADDRESS 3019 HAWKS LANDING DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☒ Delete
NAME ENMAN, THOMASINA
STREET ADDRESS 8760 REEDY BRANCH DR
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 D/S/T ☒ Change ☐ Addition
NAME TERRY MENDICINO
STREET ADDRESS 3019 HAWKS LANDING DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D/P ☒ Change ☐ Addition
NAME FRANK MENDICINO
STREET ADDRESS 3019 HAWKS LANDING DR
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D/V ☐ Change ☒ Addition
NAME PAULETTE KHUFU
STREET ADDRESS 608 HAMPTON DR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE D. ☐ Change ☒ Addition
NAME MICHAEL MUNROE
STREET ADDRESS 223 SANDCASTLE WAY
CITY-ST-ZIP NERTUNE BEACH, FL 32262

TITLE D. ☐ Change ☒ Addition
NAME RICHARD GLOVER
STREET ADDRESS 2375 CENTERVILLE RD
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D. ☐ Change ☒ Addition
NAME DELORES LAWSON
STREET ADDRESS 2610 GUNN ST.
CITY-ST-ZIP TALLAHASSEE FL 32310

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
TERRY MENDICINO 4/28/01 850 8783450

Date

Daytime Phone #

CR2E037 (10/00)

DOCUMENT # N0000000004641

II. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 10

544506

TITLE : D

☐ CHANGE ☒ ADDITION

NAME : SHIRLEY KERWIN

STREET ADDRESS : 10663 E LAKEVIEW RD

CITY - ST. - ZIP : JACKSONVILLE FL 32225

TITLE : D

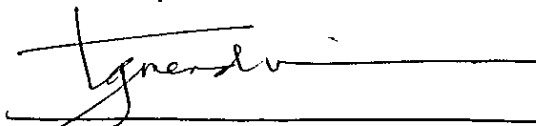
☐ CHANGE ☒ ADDITION

NAME : LAURA PRADO-STEIMAN

STREET ADDRESS : 420 ALEXANDRA CIRCLE

CITY ST ZIP : WESTON, FL 33326

SIGNATURE:



TERRY MENDICINO 4/28/01

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER