

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 8:00 am**
Secretary of State

04-23-2001 90203 042 ****61.25

0001601

DOCUMENT # N00000007884

1. Entity Name

FLORIDA COALITION FOR DISABILITY RIGHTS, INC.

Principal Place of Business

**3446 LAKE DRIVE
PALM HARBOR FL 34683**

Mailing Address

**3446 LAKE DRIVE
PALM HARBOR FL 34683**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

**LA BELLE, RICHARD D ESQ.
3446 LAKE DRIVE
PALM HARBOR FL 34683**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	LA BELLE, RICHARD D ESQ.	3446 LAKE DRIVE PALM HARBOR FL 34683		D, S	La Belle, Richard D.	3446 Lake Drive Palm Harbor, FL 34683	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	LA BELLE, JANIS	2735 WHITNEY ROAD CLEARWATER FL 33760					<input type="checkbox"/>	<input type="checkbox"/>
	D	TOWNE, DOUG	1130 - 94TH AVENUE NORTH ST. PETERSBURG FL 33702		D, VP	Towne, Doug	1130 -94th Avenue North St. Petersburg, FL 33702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
#N00000007884
745759

ADDITIONAL INFORMATION

ANNUAL REPORT - FLORIDA COALITION FOR DISABILITY RIGHTS, INC.

Block 11:

D, T
Cook, Michael
1130-94th Ave. North
St. Petersburg, FL 33702

D
Howe, Elizabeth
720 N. Denning Dr.
Winter Park, FL 32789

D
Larson, Leonard
720 N. Denning Dr.
Winter Park, FL 32789

D
O'Connor, Daniel
2709 Art Museum Dr.
Jacksonville, FL 32207

D
Randall, Marcia
2709 Art Museum Dr.
Jacksonville, FL 32207

D, P
Wagner, Chris
8610 Galen Wilson Blvd.
Port Richey, FL 34668

D
Williamson, Andrea
2709 Art Museum Dr.
Jacksonville, FL 32207