

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007935

1. Entity Name

FLORIDA ADMINISTRATORS OF VOLUNTEERS IN GOVERNME

Principal Place of Business

900 UNIVERSITY BLVD NORTH STE 110
JACKSONVILLE FL 32211

Mailing Address

900 UNIVERSITY BLVD NORTH STE 110
JACKSONVILLE FL 32211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

59-3388789

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



LINDSTROM, PAULINE
900 UNIVERSITY BLVD NORTH STE 110
JACKSONVILLE FL 32211

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

Pauline Lindstrom

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4.11.01

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 P ☐ Delete
NAME LASSALLE, SALLY
STREET ADDRESS 450 EAST SOUTH STREET
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME RAY, MONA
STREET ADDRESS 1040 SOUTH FLORIDA AVE
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CLOSTERMAN, TIM
STREET ADDRESS 520 OAK AVE
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LINDSTROM, PAULINE
STREET ADDRESS 900 UNIVERSITY BLVD NORTH STE 110
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUTLEDGE, DOREEN
STREET ADDRESS 1801 WEST SAMPLE ROAD #200
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BUSCETTA, VINCENT
STREET ADDRESS 4111 LAND O'LAKES BLVD
CITY-ST-ZIP LAND O'LAKES FL 3439

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Pauline Lindstrom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 (904) 745-3095

Date

Daytime Phone #

CR2E037 (10/00)

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