

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90142 003 ****70.00

DOCUMENT # N00000007935

1. Entity Name

FLORIDA ADMINISTRATORS OF VOLUNTEERS IN GOVERNMENT, INC.

Principal Place of Business

Mailing Address

900 UNIVERSITY BLVD NORTH STE 110
JACKSONVILLE FL 32211

900 UNIVERSITY BLVD NORTH STE 110
JACKSONVILLE FL 32211

2. Principal Place of Business

910 N. Jefferson St

3. Mailing Address

910 N. Jefferson St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3388789

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

910 N. Jefferson St

City

JACKSONVILLE

FL

Zip Code

32209

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 B Lindstrom Pauline B Lindstrom 4/17/02
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 ☒ Delete
NAME **P LASSALLE, SALLY**
STREET ADDRESS **450 EAST SOUTH STREET**
CITY-ST-ZIP **ORLANDO FL 32801**

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P-Elect Helene Osborne-Ponsi**
STREET ADDRESS **P.O. Box 7800**
CITY-ST-ZIP **Tavares, FL 32778**

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

TITLE ☒ Change ☐ Addition
NAME **Janet Humphries**
STREET ADDRESS **Drawer CA03 PO Box 9005**
CITY-ST-ZIP **Bartow, FL 33831**

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

TITLE ☒ Change ☐ Addition
NAME **Paulette DAVIDSON**
STREET ADDRESS **2725 Gadge Fran Jamieson Way**
CITY-ST-ZIP **Vierra, FL 32904**

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 B Lindstrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 904-360-7070 x 278
Date Daytime Phone #

CR2E037 (9/01)