2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90113 030 ****61.25

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DOCUMENT # N00000007935

1. Entity Name
FLORIDA ADMINISTRATORS OF VOLUNTEERS IN GOVERNMENT, INC.

Principal Place of Business
910 N JEFFERSON STREET
JACKSONVILLE FL 32209

Mailing Address
910 N JEFFERSON STREET
JACKSONVILLE FL 32209

2. Principal Place of Business: 4111 LAND O'LAKES BLVD
Suite, Apt. #, etc.: Suite 202
City & State: LAND O'LAKES FLORIDA
Zip: 34639 Country: PASCO

3. Mailing Address: 4111 LAND O'LAKES BLVD
Suite, Apt. #, etc.: Suite 202
City & State: LAND O'LAKES FLORIDA
Zip: 34639 Country: PASCO

☒ CHECK HERE IF MAKING CHANGES

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
910 N JEFFERSON STREET
JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent
Name: VINCENT BUSCOTTA
Street Address (P.O. Box Number is Not Acceptable): 4111 LAND O LAKS BLVD Suite 202
City: LAND O'LAKES FL Zip Code: 34639

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: VINNY BUSCETTA, 1/12/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PE	☐ Delete
NAME	OSBORNE-PONSI, HELENA	
STREET ADDRESS	P.O. BOX 7800	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	P	☐ Delete
NAME	RAY, MONA	
STREET ADDRESS	1040 SOUTH FLORIDA AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	S	☐ Delete
NAME	HUMPHRIES, JANET	
STREET ADDRESS	DRAWER CA03 PO BOX 9005	
CITY-ST-ZIP	BARTOW FL 33831	
TITLE	T	☒ Delete
NAME	LINDSTORM, PAULINE	
STREET ADDRESS	900 UNIVERSITY BLVD NORTH STE 110	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	☐ Delete
NAME	DAVIDSON, PAULETTE	
STREET ADDRESS	2725 JUDGE FRAN JAMIESON WAY	
CITY-ST-ZIP	VIERRA FL 32904	
TITLE	D	☐ 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	P	☒ Change ☐ Addition
NAME	OSBORNE-PONSI, HELENA	
STREET ADDRESS	P.O. BOX 7800	
CITY-ST-ZIP	TAVARES, FL 32778	
TITLE	D	☒ Change ☐ Addition
NAME	RAY, MONA	
STREET ADDRESS	1040 SOUTH FL AVE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	BUSCOTTA, VINCENT	
STREET ADDRESS	4111 LAND O'LAKES BLVD Suite 202	
CITY-ST-ZIP	LAND O'LAKES, FL 34639	

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 REQUIRED VINNY BUSCETTA, 1/12/03, 813-929-1260

CR2E037 (10/02)