

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

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

3. Mailing Address

4111 LAND O' LAKES BLVD

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

LAND O' LAKES FLORIDA

City & State

LAND O' LAKES FLORIDA

Zip

34639

Country

PASCO

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 **VINNY BUSCETTA**
Street Address (P.O. Box Number is Not Acceptable) **4111 LAND O' LAKES 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 **LINDSTROM, 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 **T** ☒ Change ☐ Addition
NAME **BUSCETTA, 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:

VINNY BUSCETTA,

1/12/03, 813-929-1260

CR2E037 (10/02)