

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90007 048 \*\*\*\*61.25

**DOCUMENT # N01000002461**

1. Entity Name

**JOSHUA'S TREE FOUNDATION FOR AUTISM, INC.**

Principal Place of Business

Mailing Address

**11041 BECKLEY PLACE  
 JACKSONVILLE FL 32246**

**11041 BECKLEY PLACE  
 JACKSONVILLE FL 32246**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-371 0775**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

Name **Stephanie Cowan**

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

**11041 Beckley Place**

City **Jacksonville**

**FL**

Zip Code **32246**

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.

**Stephanie Cowan**

(NOTE: Registered Agent signature required when reinstating)

**3/12/02**

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 **PD** ☐ Delete  
 NAME **COWAN, STEPHENIE**  
 STREET ADDRESS **11041 BECKLEY PLACE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE **VD** ☐ Delete  
 NAME **CANTRELL, TOMI**  
 STREET ADDRESS **11041 BECKLEY PLACE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

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

TITLE **SD** ☒ Delete  
 NAME **COX, ANGELA KAYE**  
 STREET ADDRESS **11041 BECKLEY PLACE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **SANDRA HALL Rubin**  
 STREET ADDRESS **6200 Fort Caroline Road**  
 CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **TD** ☒ Delete  
 NAME **CANTRELL, STEVE**  
 STREET ADDRESS **11041 BECKLEY PLACE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **TB** ☐ Change ☒ Addition  
 NAME **Pullin, DIANE C.**  
 STREET ADDRESS **9085 Barrister Court**  
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

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

**Stephanie Cowan**

Date

Daytime Phone #

**3/12/02 (904) 703-0340**

CR2E037 (9/01)