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

DOCUMENT # N0200001954

1. Entity Name

THE CENTRAL FLORIDA PART C REGIONAL POLICY COUNC IL CORP.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90245 024 ****61.25

ı	
Ì	
	3
	[12] D. T.
	OD WE !

		<u> </u>						
Principal Place of Business Mailing Address								
OI W MICHIGA	N AVE	601 W MICHIGAN AVE						
DRIANDO FL 3	2905	ORLANDO FL 32805	ORLANDO FL 32805				(8181 8181	I B) B) (BB)
2. Principal Pla	ace of Business	3. Mailing Address						
Suite, Apt. #	l etc	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Suite, Apr. 1	r, 0 (0.				A SELNumber Applied For			
City & State		City & State			4. FEI Number	= 0.0	<u> </u>	Applicable
		Zip Country			03-04205		\$8.75 Addit	
Zip	Country				5. Certificate of Status Desired Fee Required			
	6. Name and Address of Current Registered Agent							
	6. Name and Address of Curren	it Hegistered Agent	<u> </u>	Name				
		•			(F.O. Roy Number is N	lot Accentable)		
MCALEEF	I, LINUA			Street Ad	ess (P.O. Box Number is Not Acceptable)			
264 SPHI	NG RUN CIRCLE							
LONGWU	OD FL 32779			- 0:1:			Zip Code	
				City			┍┖╴╽	
2 The above	named entity submits this statement	for the purpose of changing	its register	ed office or r	egistered agent, or both, in	the State of Florida. I	am familiar with, a	and accept
the obligati	ons of registered agent.							
	10.	a /				nl	2/02	
SIGNATURE .	Lindo 4ch					<i>~~X\</i>	ATE	
JIGHAN ONE -	Signature, typed or printed name of registered age	ent and title il applicable. (1	NOTE: Registere	ed Agent signatur	e required when reinstating)			
							and Develop	.
	FILE NOW: FEE IS \$61.25	9. Election (\$5.00 May Be	Make Cr	neck Payable to partment of S	tate
	FILE NOW: FEE 13 \$01.23	Trust Fun	d Contribut	tion. L	Added to Fees	Florida De	partinent of c	,tute
					ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTORS IN	10
10.	OFFICERS AND		11.		ADBITIONOPORT		☐ Change	Addition
TITLE	CD	☐ Delete	JTIT NAM					ĺ
NAME	MCALEER, LINDA			EET ADDRESS				Ì
STREET ADDRESS	264 SPRING RUN CIR			Y-ST-ZIP				
CITY-ST-ZIP	ORLANDO FL 32805	Delete	TIT	IF.	Vice Chair		Change	☐ Addition \
TITLE	VD	Detete	NAI		Vice Chair Burbara Ray			i
NAME OTDEET LDDDEGG	LOPEZ, SARAH 10814 BELLANY CT			REET ADDRESS	Ball Bar a 11017			
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32817	ا جدار سد س	CIT	Y-ST-ZIP_				
-	SD SD	Delete	TIT	LE	Secretary		Change	Addition
TITLE	DOBRAGANES, TRISH	Udicie.	NA		Pan I radema	ኒ ሰ∩		
NAME STREET ADDRESS	3500 W COLONIAL DR		STI	REET ADDRESS	6628 Piccadi	114 Lane		
CITY-ST-ZIP	ORLANDO FL 32825		CIT	IY-ST-ZIP	6628 Piccadi Orlando FL 3	2885		
	TD	- Delete	TIT	LE	Treasurer	01- 40	Change	Addition
TITLÉ NAME	JACKSON, MARGIE	30,000		ME -	Treasurer Cindy Casacci 3500 W. Color	C 10 70		
STREET ADDRESS	622 WIPPOORWILL DR	12 ms	•	REET ADDRESS .	3500 W. Color	TEL PI		
CITY-ST-ZIP	ORLANDO FL 32825		CI	TY-ST-ZIP	Oclande, FL	<u> 32808 </u>		
TITLE		☐ Delete	TIT	TLE			☐ Change	☐ Addition
NAME				ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			CI	TY-ST-ZIP			Chance	Addition
TITLE		☐ Delete	1	TLE			☐ Change	☐ ¥00000
NAME				AME				
STREET ADDRESS				REET ADDRESS	,			
CITY-ST-ZIP				TY-ST-ZIP		mudda Orania - 16 ac	or portify that the	information
40	eartifuthat the information supplied	with this filing does not quali	ify for the ex	xemption sta	ited in Section 119.07(3)(i). I	Florida Statutes. I furth	er certify that the	r or director

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.

IGNATURE:

| CALCULATION | CALCULATIO