

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

DOCUMENT # **N03000008659**

1. Entity Name

**Specialized Rehabilitation Foundation**



FILED

04 MAR 18 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1024 Early Ave**

Suite, Apt. #, etc.

**Winter Park FL**

City & State

**Winter Park FL**

Zip

**32789**

Country

**USA**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

Zip

**✓**

Country

**✓**

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Dac Ung**

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

**2200 Fairglenn Way**

City **Winter Park**

**FL**

Zip Code

**32792**

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

**Dac V. Ung**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Kari Bartol  
1024 Early Ave  
Winter Park FL 32789**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Susan Bartol  
14075 Canal Dr.  
Pensacola FL 32507**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**Brandy Bartol  
28 Wildflower Ln.  
Crawfordville FL 32327**

TITLE  
NAME  
STREET ADDRESS  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Dan Bartol**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)