

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90244 037 ****70.00

DOCUMENT # N05760

1. Entity Name

THE FLORIDA ASSOCIATION FOR DEAF-BLIND AND MULTI

Principal Place of Business

Mailing Address

119 WEST 8TH STREET
 JACKSONVILLE FL 32206

119 WEST 8TH STREET
 JACKSONVILLE FL 32206-3657

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2486542

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GARCIA, LILLIAN
568 ROCKINGTHAN ROAD
ORANGE PARK FL 32073

Name

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

City

FL

Zip Code

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.

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **MAY, CHARLES S**
 STREET ADDRESS **4020 UNIV BLVD W**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **SD** Change Addition
 NAME **Anderson, Jay**
 STREET ADDRESS **8183 Ft. Caroline Rd**
 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **D** Delete
 NAME **GARZA, MICHAEL**
 STREET ADDRESS **7746 HILSDALE HARBOUR CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SMITH, STEPHEN**
 STREET ADDRESS **12810 MANDARIN RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HENKEL, ANN**
 STREET ADDRESS **2165 DELLWOOD AVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete **Add x**
 NAME **Smallwood, Bill**
 STREET ADDRESS **8129 Ft. Caroline Rd**
 CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete **Add x**
 NAME **Storey, Stan**
 STREET ADDRESS **270 Meadowbluff**
 CITY-ST-ZIP **Yulee, FL 32097**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Bill Smallwood, Mrs

Harlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)