2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20153

FILED
Apr 26, 2000 8:00 am
Secretary of State
04-26-2000 90162 049 ****61.25

1. Entity Name

FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS A

Principal Place of Business	Mailing Address
3801 COCO GROVE AVENUE MIAMI FL 33133	3801 COCO GROVE AVENUE MIAMI FL 33133-6119

DO NOT WRITE IN THIS SPACE

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 59-6166948 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOCKING, GEORGE E. 3801 COCO GROVE AVENUE MIAMI FL 33133	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PAST PRESIDENT LARKIN, PETER 930 N TAMIAMI TRAIL APT 708 SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ PRESIDENT DUNCAN, CHARLES 5883 WYLDEWOOD LAKES CIRCLE FT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD STOCKING, GEORGE 3801 COCO GROVE AVE. MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALISSI, RICK 4545 SE 62 ST OCALA FL 34471	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YAGEL, FRANK ~~1000 WALKER STREET LOT 13~~ ~~ORMOND BCH FL 32117~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1000 WALKER ST, LOT 401 HOLLYHILLS, FL 32117
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ KING, TERRY ~~1239 SW 2ND PL~~ ~~CAPE CORAL FL 33914~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ☒ Change ☐ Addition 24243 PIRATE HARBOR PUNTA GORDA, FL 33955

CR2E037 (9/99)

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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #