2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State
02-20-2002 90022 015 ****70.00

DOCUMENT # N20153

1. Entity Name

FLORIDA REGIONAL GROUP, INC., BLINDED VETERANS ASSOCIATION

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

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 3801 Coco Grove ave 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 GEORGE E STOCKING 1/27/02
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	PP LARKIN, PETER 930 N TAMIAMI TRAIL APT 708 SARASOTA FL 34236	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TERRY KING 24243 PIRATE HARBOUR PUNTA GORDA, FL 33955 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUNCAN, CHARLES 5883 WYLDEWOOD LAKES CIRCLE FT-MYERS FL-33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MICHAEL TAYLOR 574 PINE FOREST DR ORANGE PARK, FL 32073 ☑ 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 JOHNSON, PAUL 8957 CRESCENT FOREST BLVD NEW PORT RICHEY FL 34654	☐ Delete CHARLES	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHARLES E GONCE 387 EDEN DR ENGLEWOOD FL 34223 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KING, TERRY 24243 PIRATE HARBOR PUNTA GORDA FL 38955	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MYRON NAGELBERG 14250 RUBY POINT DRIVE DELRAY BEACH FL 33446 ☑ Change ☑ Addition

CR2E037 (9/01)

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 REQUIRED 1/27/02 3054446808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #