2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State
01-24-2002 90003 018 ****70.00

DOCUMENT # N25403

1. Entity Name

FLORIDA COUNCIL ON COMPULSIVE GAMBLING, INC.

Principal Place of Business	Mailing Address
~~145 WEKIVA SPRINGS RD~~ ~~STE. 105~~ ~~LONGWOOD FL 32779~~ US	P.O. BOX ~~910187~~ ~~LONGWOOD FL 32791~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
237 LOOKOUT PLACE	P.O. BOX 940758
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 32751 Country: U.S	Zip: 32794-0758 Country: U.S

4. FEI Number: 59-2968614 ☐ 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
ASHE, PAUL R. ~~145 WEKIVA SPRINGS RD~~ ~~STE. 105~~ ~~LONGWOOD FL 32779~~	Name Street Address (P.O. Box Number is Not Acceptable): 237 LOOKOUT PLACE Suite 100 City: Maitland FL Zip Code: 32751

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: Paul R. Ashe Paul R. Ashe 1-9-02
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	DV KAPLAN, ROY H. 4923 W CYPRESS STR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT TIETELBAUM 8900 NW 39TH AVE GAINESVILLE, FL 32606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ASHE, PAUL R. 249 SPRINGSIDE RD. LONGWOOD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOM TALLEY 1361 SNELL ISLE BLVD NE # 10 ST. PETERSBURG, FL 33704	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOUNT, WILLIAM R. PH. 4202 EAST FOWLER AVE. SOC 107 TAMPA FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY CUADRADO PhD 8053 ESTATES DR SARASOTA, FL 34243	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STILES, PAMELA 560 LILAC ROAD CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Paul R. Ashe Paul R. Ashe 1-9-02 407-865-6200