

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90115 012 ****61.25

DOCUMENT # N26665

1. Entity Name

FLORIDA ASSOCIATION OF AGENCIES SERVING THE BLIND, INC.



Principal Place of Business

C/O IND. F/T BLIND
1286 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301
US

Mailing Address

C/O IND. F/T BLIND
1286 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301
US

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 **59-2905001**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



30146329

6. Name and Address of Current Registered Agent

KOCH, HAROLD
1286 CEDAR CENTER DRIVE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **KOCH, HAROLD**
STREET ADDRESS **1286 CEDAR CENTER DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **MAYROS, ROXANN**
STREET ADDRESS **601 SW 8TH AVE**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **TP** ☒ Change ☐ Addition
NAME **ROBERT T. KELLY**
STREET ADDRESS **405 WHITE STREET**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE **VP** ☐ Delete
NAME **SIMPSON, REBECCA**
STREET ADDRESS **101 WEST STATE STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VP** ☒ Change ☐ Addition
NAME **MAYROS, ROXANN**
STREET ADDRESS **601 S.W. 8th AVE**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **SD** ☐ Delete
NAME **FELSKI, JANICE**
STREET ADDRESS **7318 N TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☒ Change ☐ Addition
NAME **NASRU, LEE**
STREET ADDRESS **215 E. NEW HAMPSHIRE STREET**
CITY-ST-ZIP **WINTER PARK, FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/03

8509423658

Date

Daytime Phone #

CR2E037 (4/03)