

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30172

1. Entity Name

THE FLORIDA CHAPTER OF THE SOCIETY FOR SOCIAL WO

Principal Place of Business

5168 TENNIS LANE
DELRAY BEACH FL 33484
US

Mailing Address

5168 TENNIS LANE
DELRAY BEACH FL 33484
US

2. Principal Place of Business

5168 TENNIS LANE

Suite, Apt. #, etc.

3. Mailing Address

5168 TENNIS LANE

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33484-6635

Country

USA

Zip

33484-6635

Country

USA

4. FEI Number

59-2908776

Applied For

Not Applicable

5. Certificate of Status Desired

-\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAUFMAN, MARY J
5168 TENNIS LANE
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

Mary J. Kaufman

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

5168 TENNIS LANE

City

Delray Beach

FL

Zip Code

33484-6635

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

Mary J. Kaufman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

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

TITLE D
NAME BUTTS, TERESA
STREET ADDRESS 1800 BARRS ST
CITY-ST-ZIP JACKSONVILLE FL 32204 ☐ Delete

TITLE TD
NAME KAUFMAN, MARY J
STREET ADDRESS 5168 TENNIS LANE
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete

TITLE VPD
NAME NORRIS, MARY
STREET ADDRESS 1414 KUHLE AVENUE
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

TITLE D
NAME COOK, CATHY
STREET ADDRESS BOX 100306
CITY-ST-ZIP GAINESVILLE FL 32610 ☐ Delete

TITLE PD
NAME PREWITT, CYNTHIA
STREET ADDRESS PO BOX 6000
CITY-ST-ZIP Ocala FL 32671 ☐ Delete

TITLE SD
NAME COFIELD, RHONDA
STREET ADDRESS 801 SIXTH STREET SOUTH
CITY-ST-ZIP SAINT PETERSBURG FL 33701 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE SD
NAME Cathy Hosman
STREET ADDRESS 7727 Lake Underhill Rd
CITY-ST-ZIP Orlando, FL 32822 ☐ 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: Mary J. Kaufman

SIGNATURE REQUIRED (Mary J. Kaufman)

4-20-01

561-

395-7100 ext. 4320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0055992

CR2E037 (10/00)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90035 006 ****61.25

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DO NOT WRITE IN THIS SPACE