2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90080 008 ****70.00

DOCUMENT # N31659

1. Entity Name

FLORIDA CENTER FOR THE BLIND, INC.

Principal Place of Business	Mailing Address
7651 S.W. HWY. 200 502 OCALA FL 34476-3869 US	7651 S.W. HWY. 200 502 OCALA FL 34476-3869 US

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 59-2953392 ☐ 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
STEVENS, DON F 7651 S.W. HIGHWAY 200 SUITE 502 OCALA FL 34476	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	P KINARD, WILLIAM A 1107 NE 9TH ST OCALA FL 34470	☐ Delete	D Pete Janowitz 10250 NW 76 Terrace Ocala, FL 34482	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DONNA 116655 SE 95TH CT SUMMERFIELD FL 34491	☐ Delete	D Malcolm Melester 11638 SW 72 Circle Ocala, FL 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S D'ORIA, N.J. 617 SE 43RD AVE. OCALA FL 34471	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DEAKINS, JOHN P 125 BLUE RUN DR DUNNELLON FL 32630	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOOPER, LOWELL W. 501 MAIN ST. INVERNESS FL 34450	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EYELER, DALE 8501 SE 140 LANE ROAD SUMMERFIELD FL 34491	☒ Delete		☐ 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 Don F. Stevens 1-8-02 352-873-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Exec. Dir. Date Daytime Phone #